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THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, Etc.

Vol. XXXVII

R. H. ANDREWS, M.D., Editor & Proprietor
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No. 1

ESTABLISHED 1879

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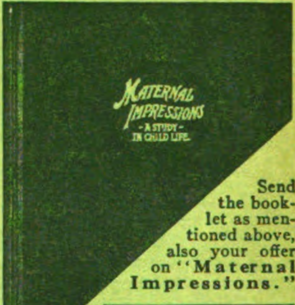

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

R. H. ANDREWS, M.D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

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POSTURE AFTER LABOR

It is now the consensus of opinion that it is not always the wise thing to keep the parturient woman "flat on her back" for nine days or longer. If there are no pronounced contraindications for so doing, the woman should assume a sitting posture for micturition and defecation. Drainage is thereby better effected and retained clots and debris expelled with greater facility. Many physicians even favor this procedure in septic peritonitis following labor. Drainage as a preventive of sepsis is one essential factor, and whatever measures accomplish this end without otherwise proving detrimental to the patient is commendable practice.

CONCERNING COLLECTIONS

This is a perennial subject. It never becomes unseasonable and never goes out of style. There are published from time to time recipes galore on how to get our hard-earned money. Ready-made rules for collecting bills are seldom of much real value, but they may at least stimulate independent thinking. First and foremost of all we believe that the doctor should firmly impress upon his clientele the fact that he "needs the money." It is surprising, if the pains be taken to investigate the matter, how many people harbor the delusion that the practice of medicine is a highly lucrative game and that the doctor can therefore wait longer than anybody else. It is our opinion, based on a fair modicum of experience, that the doctor should thoroughly convince himself that he needs the money he has earned and that he needs it now in order that he may better equip himself for service. If he does not feel the present need of it, he should peer into the future and forsee the time when his money-earning qualities will be very much reduced. He should provide for the inevitable "rainy day" contingency. If the doctor can persuade himself that he ought to have what is coming to him, he is better fortified to sally forth to collect his bills.

No long bone should be amputated for fracture if the nutritive supply is ample without an effort at restoration by bone grafting or transplantation.—*F. Byrnes, Ill. Med. Journal.*

THE MORBID MENTALITIES

The line of demarcation between many of the varied morbid mental states can not always be drawn in a clear and succinct manner. Melancholia, obsessions and phobias often overlap one another, but the searchlight of modern psychiatry is ever throwing more and more a glimmer of light into this form of rather obscure symptomatology. The new and somewhat tentative study of phobias by psycho-analysis has a good many votaries these days, but the actual clinical value of this particular line of research is still problematical. In dealing with all matters relegated to the psychic realm we must not overlook the fact that salutary results may follow the fusing of the personal equations of physician and patient towards a congenial and definite end. It is claimed that nearly all morbid fears are the result of former shocks or frights, perhaps dating back to early childhood. Many psychologists at present entertain the belief that dreams, especially those of a morbid or disconcerting kind, are vestiges of strong impressions made upon the mind in earlier life. The advanced practitioner of psychiatry essays to find the psychic cause of the phobia or other form of morbid mentality in a given case, and when such cause is ascertained the cure is spontaneous. In other words, exposing the cause creates a cure. The trouble with most people who suffer from the "blue devils" of fear and obsessions are in a high degree introspective and non-communicative regarding what must necessarily appear to others as mere mental vagaries and whims. They zealously endeavor to hide these from the world and brood over them in silence and alone. On the other hand the analysis and exposure of these fixed ideas often tends toward their dissipation. Most of us flounder in deep and uncharted seas when we attempt to discuss these subjects, but there is no question of the value of judicious and wholesome psychotherapy in nearly all types of morbid mentality.

The last decade's advances in the treatment of gonorrhea consists in a crystalization of our knowledge of the manner in which the old remedies act, and of the best manner of their employment.—*S. W. Moorhead, Jour. Urology*.

THE HAPPY MEDIUM

"Modesty, simplicity, truthfulness—cleansing virtues everywhere but at the bedside; there simplicity is construed as hesitation; modesty as want of confidence; truth as impoliteness.

The philosopher who evolved these ideas was perhaps of a rather cynical disposition of mind, but he has given us something to ponder over. Still we believe the true physician can be modest, truthful and simple without displaying weakness and vacillation. The happy medium is the open road before him. The modest physician is frank to acknowledge the limitations of his science and above all he will not boast of his cures or the fact that he is "run to death" with patients. He will not through any means convey the idea to the patient that the case came to him in the niche of time. Even painful truth can be shorn of much of its sting without the doctor being branded as being "impolite." In many cases a full and frank unfolding of the "truth" should be made, while in other cases much that would almost prove the patient's undoing must be withheld. So much depends upon who the patient is and what ails him. In the words of Aunt Samantha, the doctor should as a rule be "mejum."

IODINE INHALATIONS IN BRONCHIAL AFFECTIONS

Acute bronchitis and bronchial catarrhs are benefited by the inhalation of tincture of iodine from a wide-mouthed bottle. From four to eight deep inspirations are recommended and repeated every three or four hours. In the case of children the iodine may be dropped on pledgets of cotton to be laid on the pillow over oilcloth while the patient is sleeping.

OINTMENT FOR HEMORRHOIDS

℞ Powdered galls	ʒj
Powdered camphor	gr. x
Acetate of lead	gr. x
Wax	ʒj

This ointment is soothing and astringent. It is also useful for fissures of the anus as well as pruitus ani.

AN AGE OF CO-OPERATION

All trades, crafts and professions now work together for the betterment of all concerned, individually and collectively. The medical profession has at last learned the trick and knows the value of whole-souled co-operation as never before. Petty professional jealousies are passing. As a general rule the doctor who knifes his medical brothers is ignorant or is himself unscrupulous, or oftimes both. No physician ever gains anything of lasting benefit to himself by knocking or by unfair advantages over his competitors. If you boost your competitor he becomes an ally; seek his assistance and you increase your own strength; co-operate with him and you mutually eliminate undesired competition, benefit yourself, and give the sick among whom you labor a service worthy of your honored profession.

HAVE YOU A HOBBY?

Most men have more vacations, more diversions and more versatile elements entering into their lives than do physicians. Our profession is short on safety valves. The doctor needs a safety valve in the way of a harmless fad or hobby. Some one has said that a hobby for indoors and one for outdoors is commendable. The way to have a hobby is to do something that you like to do whether it is of any actual value or not. Very often a hobby may be made to serve a useful purpose if it tends toward the cultivation of an esthetic taste. At this season of the year a propaganda having for its purpose the beautifying of the street and lawn is indeed purposeful, and where a number of persons in a locality work with concerted action and toward a definite aim excellent results may be accomplished. The hobby field is limitless and must be chosen with reference to individual taste. What is yours, doctor?

The most valuable new method of treating gonorrhea is sealing a fresh solution of argyrol, 5 per cent., in the urethra by collodion. —*Moorhead*.

No drug has worked greater miracles than has thyroid in hypothyroidism. The results are perfectly marvelous.—*H. G. Hardt*.

WE PROFIT BY DIAGNOSTIC ERRORS

If all the mistakes could be collected and published, what an interesting and illuminating volume it would make. Doctors are very reluctant to announce the grievious errors they have made, although there is no paucity or published records of their more brilliant achievements. After all, we learn more by our own mistakes and mistakes of others than we do from our successful scorings. It is human nature for us to remain reticent concerning matters that turn out badly. How often has a fecal impaction been diagnosed and treated as hernia? Gall bladder and gall duct symptoms are elusive and quite often grave troubles arise in these regions without the usual symptoms. The writer once observed a mistake made by an old professor of surgery who diagnosed a ruptured muscle as femoral hernia. The writer once assisted in a postmortem of a case which had been variously diagnosed as disease of the pancreas and spleen. The postmortem showed the intestines to be literally tied up with a carcinomatous growth. If there is one phase of medicine more neglected than another it is in the exercising of sufficient pains and acumen in diagnosis. The physician feels it his bounden duty to name and tabulate every disease and not be too long about it lest hesitation cause lack of confidence on the part of the patient. But more and more we are getting around to the idea of accurate diagnosis and the doctor who renders impromptu diagnoses is not doing the best thing for either his patients or himself. Slipshod and hurried examinations should give way to painstaking research and mistaken diagnoses will in like proportion vanish.

INTERNAL ANEURISM

That great clinician, Dr. J. M. DaCosta, considered the iodide of potassium the only remedy deserving of confidence in the treatment of *internal aneurism*. He gave, gr. xx, *ter die*, increased to the point of tolerance. In addition, he kept the action of the heart subdued by aconite; for pain, ice over the tumor, and rubbed with an ointment of aconite, gr. j, to vaseline, ʒj. A quiet life, rest in bed and a dry diet were enjoined upon the patient.

SIGNS OF PROSPERITY

"Remember always to appear to do something—above all when you are doing nothing."

The world of sick folks have most confidence in the physician who is apparently busy. The skillful and painstaking doctor who is short on patients is readily passed up for the second-rate man who is apparently driving a big business. Generally speaking the doctor who "appears to be doing something" is more popular than the one who has ample time for deeper research into individual cases. It does not pay to dawdle and visit too long with patients. If you place a higher estimate on your time patients will do likewise.

OVERSTOCKED

Young men think the practice of medicine is a perpetual picnic. That it is "easy money." They see doctors in fine offices, and rushing to and fro in machines, and they imagine such apparent luxuries "come easy." The consequence is, that many choose the profession, to find that it is not the picnic they thought it was. To be sure, there are bright times and compensations for our labor and sacrifice, but it takes time, patience and close attention, as well as hard study, to make success and money.

There are many physicians who don't ever read current medical literature, and unless they do, they are bound to fall behind in the "Now Medicine," as Dr. Maclaren said, in the "Bonnie Brier Bush." Many doctors are too fond of "Ball"—basket and base. If one would succeed, he must keep his office well, and his office will keep him. The truth of the matter is, that there are too many professional men, both in medicine and law. We have pettifogging lawyers, and empirical doctors. I have heard doctors say that they amused the patient, and Nature cured the disease. It only proves that too many lose faith in the curative power of medicine, because they don't apply remedies intelligently. There is nothing the matter with the medicine, but there is often lots the matter with the doctor.

Keep up with the advance in medicine, by application, and studying current medical journals.

OFFENSIVE BREATH

The most frequent nose or throat trouble which causes offensive breath is chronic follicular tonsillitis; a crypt of the tonsils often becomes filled with the exudation of the glands and is retained until it begins to decompose and is forced out by hawking and coughing or swallowing; this secretion is of a cheesy consistency as well as color, and is often as large as a half-split pea, and is of a fetid, sickening odor. This condition is found mostly in persons from fifteen to thirty years of age, and in those who have been subject to attacks of tonsillitis. Many people have offensive breath from this cause without knowing its source, and even the physician will often fail to discover the cause, as often times the crypts or the posterior pillars of the fauces entirely cover the exudation and it is not discovered unless a probe or a curette is used to separate the pillar from the tonsils or open the mouths of the crypts. The removal of the tonsils, if enlarged, is the surest cure for such a condition.

WHAT IS A DOSE OF CALOMEL?

The pharmaceutical houses make it in as small as one-hundredth grain tablets. One-tenth grain is considered the correct dosage for babies and a great many physicians never administer it in more than one-fourth grain doses to adults. Our own observation based on many hundreds of cases is that minimum doses of the mild chloride often do no good except to cause a slight intestinal irritation. Children tolerate it in about the same dosage as adults because their secretions are more copious and mobile. In febrile conditions of adults from five to ten grains are none too much. Children from six months to one year old may take two or three grains of calomel a day with impunity—nay, with excellent results if the remedy be indicated. If there is a single thing in medicine in which the writer feels his ground, he is very positive that when calomel is indicated at all it should be given in sufficient dosage.

Simpson laboriously demonstrates that iron is no good in erysipelas. Surely—in the sthenic form; but in asthenic erysipelas the tincture in dram doses is a life-saver.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

AN EASY WAY TO DRESS WOUNDS

By Douglas H. Stewart, M. D.

Only a sketch of so large a subject is possible since many methods are in use, two of which may be taken as typical examples. The first is to leave things to nature. The second is to clean the wound with benzine or gasoline, paint it with the tinct. of iodine and cover all with gauze. Let us consider why both are bad.

Nature in wound-healing takes for granted either that the wound is open already or, if not, then she supplies means for bursting it open by the process called pyogenia; subdivisions in inflammation and suppuration. The animal licks its wound, swallows the pus, digests it into something akin to triethylamin, absorbs the latter and obtains the usual analgesic and antipyretic effects. Should the wound be unopened or covered (by clothing say) then it may not be licked, the rest does not follow and temperature, pain and other manifestations of that sort are all intensified and the animal tears and bites until it does get the wound uncovered or opened, and relief follows.

Nature, meanwhile carefully protects her scavengers (the infecting germs), but her way of protecting their host is obstructed.

Surgeons attack the scavengers with bactericides and drainage. Of late they have been endeavoring to protect the host by injection into his body of bacterins, serums, etc.

Cleansing the wound with volatile inflammable substances is good surgery, but includes an unnecessary risk. Painting with tinct. of iodine supplies a good bactericide with the drawbacks of tanning the parts and thereby retarding healing. The process is painful and, as anyone may prove for himself, of two scratches one dressed with the tincture of iodine and one with boiled water or with nothing, simply left alone, the iodine treated scratch will often take from two to four times as long to heal as the other—provided both are clean, of course; since the protection against infection which the iodine furnishes makes it what might be termed "slow and sure." A wound cover of sterile gauze allows the secretions to coagulate within, and to fasten its meshes to the wound while it furnishes a sort of arbor for the granulations to grow through, round and over. After a short time such gauze may only be removed by tearing away the whole scab or by soaking, macerating and destroying that scab by liquid applications. This destruction of the scab and retarded healing is the result of either dry or wet process, both of which are unnecessary.

Three things are usually easily obtained, viz, sugar, boric acid and toilet paper. If these should not be at hand, other things may be substituted; so long as the principle is embodied, brown or white sugar, or aristol or iodoform, or brown paper, or white paper are not essential.

The wound if oily or dirty should be filled with sugar, this moistened and wiped out with boiled water and wiper; then it should be filled with boric acid, or brown sugar. If you have nothing else, and it should be sewed or not as the case may demand. If the wound is to be healed dry, cover it not with gauze but with toilet paper, in such a manner that the perforations between two sheets come directly over the cut, incision, or junction of lacerated edges. Put on three or four thicknesses in this manner, and the perforations will furnish holes for ventilation and drainage, thus avoiding both retention and sweat macerations of wound or skin.

On the contrary if the wound is to be kept open and sloughs are to be separated and you long for the good effects of the old time poultice, despite its uneasiness, then put the several thicknesses of paper directly across the wound and make all as air-tight as possible. The beneficial effects of poulticing are derived from heat, moisture and the exclusion of air. Use the toilet paper as aforesaid, cover with several layers of gauze bandage and the wound may be trusted to furnish all requisite moisture. If the pain-relieving heat is desired, then hot plates, etc., will furnish it; but an 8 c.p. frosted electric light is an ideal application; any higher c.p. than this should not be brought into dangerous contact with inflammable gauze.

Since such a bandage does not stick to a wound there is no reason for leaving it undisturbed for a week or two. Mere cutting allows it to fall, the scab is not torn away, healing is not delayed but on the contrary proceeds with cleanliness, comfort and celerity.

128 W. 86th Street, N. Y. City.

A CONTRIBUTION TO THE STUDY OF JOINT-BODIES FROM WITHIN PRESENT IN ARTICULATIONS OTHERWISE APPARENTLY NORMAL

By Aime Paul Heineck, M.D.

(Contiuued from page 12, March Issue.)

SYMPTOMATOLOGY

Two sets of symptoms call for consideration: First, those referable to the injury sustained by the joint as a whole at the time of the partial or complete detachment of the joint-body; second, those directly dependent upon the joint-body itself. In many cases, the subjective and objective symptoms are so distinct that the condition is easy of recognition. In other cases, the symptoms are either inconstant, mild or difficult of interpretation. Partly detached joint-bodies may persist for years as such, causing at long intervals more or less joint-irritation. Symptoms may be entirely lacking. Joint-locking may be the first symptom.

The main signs and symptoms of this condition are the following: Pain and tenderness, joint-effusion, joint-disability, crepitus, joint-locking, direct palpation of joint-body and X-ray evidence of joint-body existence.

Pain and tenderness are present in a large number of cases and may or may not be associated with other symptoms. They may be constant, intermittent or present only on attempted motion. They vary in degree, being in some cases merely a sensation of discomfort, or rheumatic in nature.

Joint-effusion: The synovial membrane is fretted by the presence of the joint-body and from this and from the initial trauma an effusion results (hemorrhagic—rarely—sero-hemorrhagic or serous.) The effusion contributes, directly and indirectly to impairment of joint-function. When massive and of long duration, it overdistends the joint-ligaments, and there results a pathological laxity of these structures which allows abnormal joint-movements (lateral movements in knee), impairs joint-stability and pre-disposes to luxation.

Joint-disability: Joint-bodies are mechanical obstacles to movement, which may or may not produce great pain. Joint-disability is reported as marked impairment of function in ninety-three cases, as joint-weakness in thirty-four cases, and as limitation of motion in fifty-one cases.

Crepitus: Crepitus is a sensation and a sound; one feels and hears crepitus. In eighty-seven of the studied cases, it is said to have been distinctly elicited. In all cases in which the authors report the presence of crepitus, the joint-body or bodies present were cartilaginous, osseous or osteo-cartilaginous in nature.

Joint-locking: Sudden attacks of acute, severe, excruciating pain associated with joint-locking, constitute one of the most pronounced symptoms of this condition. It occurs irrespective of the nature of the joint-body. The pain is so severe that not infrequently the patient is nauseated or faints. In the knee, joint-locking usually manifests itself as follows: While walking, patient has a very sudden acute pain; he is compelled to stop, to sit down, the joint-movement is not completed, the joint is locked, usually in the partly extended position of the articulation. Often the patient knows where the body is impacted.

Direct palpation of joint-body: Should the clinician, in examining the affected articulation, palpate one or more joint-bodies, the diagnosis is clinched. Palpation informs the surgeon as to size, number, surface characteristics and degree of mobility of joint-mice. In one hundred and seventy-five cases, one or more joint-bodies were palpable before operation.

In the elbow, the joint-body may be felt between the ulna and radius or between the radius and humerus or ulna and humerus.

Inability to palpate a joint-body does not exclude its existence.

A palpable joint-body may be immovable, slightly movable or very movable. It may be movable in all directions or only in one direction. A movable body may lose its mobility and later recover it.

One of the most valuable agents. for the diagnosis of joint-bodies, is Roentgenography. Its value, according to our experience, is dependent to a great degree upon the ability of the radiographist to take and interpret negatives. The X-ray examination should include both an antero-posterior and a lateral view. Joint-bodies from within containing no calcific deposits or no osseous foci will not cast a shadow upon the X-ray plate.

DIFFERENTIAL DIAGNOSIS: In the differential diagnosis of this condition the difficulties encountered are due to various reasons:

a. The causative violence may not have been sufficiently severe to leave a lasting impression upon the patient's memory.

b. The condition may not come under the surgeon's observations in the early stage. Therefore, one, at times, is in doubt as to whether an existent joint-body is primary in nature or secondary to a pre-existing or coexisting joint-affection.

c. In the absence of an exploratory incision, the interior of a joint cannot be inspected.

d. Radiography may fail to make the case clear.

With few exceptions, the mistakes made in reference to the diagnosing of this condition, are avoidable. Joint-bodies located in deep-seated joints (hip, etc.), are the ones which puzzle the clinician, As to the symptom joint-effusion, we should bear in mind that a hydrops which resists appropriate treatment is not a disease sui generis. A joint-effusion calls for interpretation. Is it primary? Is it secondary? If secondary, secondary to what? To the presence of a joint-body? The palpatory findings are all important. The detection of a palpable joint-body, movable or immovable, makes the diagnosis 'self-evident. Joint-locking occurs in only one other common condition: Partial or complete detachment of one or the other, almost always the internal, semilunar cartilage. In the latter condition, the pain is most marked over the interarticular line. In the differential diagnosis between a joint-body and a torn or detached semilunar cartilage, Roentgenography is an invaluable aid. It helps to diagnose the presence, number and location of joint-bodies. The semilunar cartilages consist of a core of fibrous tissue arranged transversely and longitudinally, with a covering above and below of white fibrous cartilage. As they contain neither calcific nor ossific deposits, they are not opaque to the X-rays, and when torn or displaced cartilages give no findings on the X-ray plate, Osseous and osteo-cartilaginous joint-bodies appear as shadows on the X-ray plate.

A partly or completely detached semilunar cartilage calls for an arthrotomy as a preliminary step to its proper fixation or removal. All primary, free or pedicled joint-bodies call for an arthrotomy as a preliminary step to their operative removal. Since both conditions call for opening of the synovial cavity, failure to differentiate one from the other, is neither a disastrous nor even a very significant mistake.

TREATMENT: In all cases of joint-body herein considered, the involved articulation was opened. In almost all the cases, one joint-body was removed; in the remaining cases, two or more were extracted.

For the operative removal of joint-bodies, we subject, in the absence of contraindications, our patients to general surgical anesthesia, employing either nitrous oxide-oxygen or sulphuric ether anesthesia, initiating the latter by nitrous oxide gas. General surgical anesthesia secures complete abolition of consciousness, complete muscular relaxation and more ample protection against pain.

For the removal of joint-mice, select an incision giving easy access to the joint-body or bodies present and inflicting a minimal amount of trauma upon the peri-articular structures. The position of the incision is largely determined by the location of the body or bodies to be removed. It is generally longitudinal. Joint may be opened directly over mouse. For the removal of knee joint-bodies, some operators make an incision to the inner side of the patella, some to the outer side.

We advise that articulations be opened by longitudinal incisions, incisions parallel to the long axis of the limb, and in suitable cases, made directly over the joint-body itself. In the knee, make your incision, if not directly over the joint-body itself, to the inner or to the outer side of the patella. On the inner side of the knee are present the thick muscular fibers of the *vastus intermus*. If adapted to the case at hand, an incision external to and above the patella, parallel with the fibers of insertion of the *vastus externus* is the incision of election.

There is one exception to this rule. A joint-body in the posterior part of the articulation, cannot, owing to the narrow communication between the anterior and posterior portions of the capsule, commonly be removed by means of an anterior incision, unless one cuts the lateral ligaments. This is to be avoided. In such cases, place your patient during the operative intervention in the ventral position and use a posterior incision. The length of the incision varies with the articulation and with the number and nature of the joint-body or bodies to be removed.

JOINT-LAVAGE: Healthy joints do not call for irrigation. All irritation of joint-endothelium must be avoided. Irrigation of the peritoneal cavity as a prophylactic to peritonitis has been abandoned. Irrigation of the pleural cavity in the treatment of empyema is meddlesome; it has no curative value. Joint irrigation is no preventive of arthritis. It water-logs the tissues; it lowers tissue resistance; it serves no useful purpose; it delays recovery. We advise that it be not practised. We do not irrigate clean operative wounds. Why irrigate normal articulation?

JOINT-DRAINAGE: Joint-drainage frequently results in partial or complete ankylosis.

A non-infected joint does not call for drainage.

IMMEDIATE CLOSURE OF ARTICULATION: Immediately after the removal of joint-mice, the joint-capsule and the divided overlying periarticular tissues should be reunited. The synovial membrane and capsule are closed with catgut and the overlying tissues with removable non-absorbable suture material.

IMMOBILIZATION AND POST-OPERATIVE TREATMENT: In the cases under consideration, it is desirable though not essential that the operated joint be immobilized and that its articular surfaces be pulled apart. Secure fixation of the limb by the application of an anterior (rarely), posterior (generally) plaster of paris splint moulded to the extermity. The splint should be of sufficient length to prevent all motion in the operated joint. To immobilize the knee-joint, the splint should extend from about two inches above the malleoli to within two inches of the perineum. By making extension on the distal segment of the limb, one can secure the desirable separation of the articular surfaces. Thus, the desired separation of the articular surfaces of the knee will be obtained by making moderate extension on the leg.

RESULTS: All the patients recovered from the operation.

In analyzing the results, we first note the important fact that there were no operative deaths. The case-reports show that in a large majority of cases, non-harmful treatment was tried and was found inappropriate, valueless, harmful. In the treatment of primary joint-bodies, it is generally recognized that non-operative measures are not curative. They prolong the patient's local suffering and disability; they indirectly lead to, or aggravate, existing articular changes. Repeated attacks of joint-locking usually lead to a permanent hydrarthrosis. Chronic joint-effusions can disturb to an irremediable degree the anatomical integrity of joint structures.

In the large majority of cases, over two hundred, joint-body removal was followed by restoration of anatomical and functional integrity, expressed as follows: Complete functional recovery, function of joint normal, perfect anatomical and functional recovery, full recovery, etc., etc.

With such results before us, no one should be allowed to go about suffering from loose or pedicled joint-bodies. Operation cures the condition and is followed in a large majority of cases, sooner or later, by complete anatomical and functional joint-integrity.

SUMMARY

1. Primary joint-bodies occur in joints otherwise normal or presenting only such anatomical changes as are secondary to the presence of joint-body or bodies.

2. Primary joint-bodies occur in joints, the seat of congenital or acquired patholog-

ical states having no relation, either as cause or effect, to joint-mice.

3. Joint-bodies occur in the white and colored race, in both sexes and at all ages. They are met with maximal frequency in the male sex and during the third and fourth decades of life.

4. They are single or multiple, free or pedicled, and involve one or more similar or dissimilar joints. They may co-exist with extra-articular bodies and with various pathological peri and extra-articular conditions.

5. Joint-bodies vary as to nature, shape, size, mobility, surface characteristics, and as to relation to articular bone-ends and synovial membrane. All undergo, sooner or later, degenerative anatomical changes. All determine, sooner or later, degenerative anatomical changes in one or more or all the structures constituting the joint.

6. Joint-bodies, organized blood-clots excluded, are composed of one or more of the constituent tissues of the joint. In structure, they are of a fibrous, lipomatous, osseous, cartilaginous, osteo-cartilaginous or mixed nature. The joint-bodies reported were chips or fragments of bone, of cartillge, of bone and cartilage, masses of thickened indurated connective tissue, organized blood-clots, fibromata, lipomata, chondromata or esteomata.

7. Joint-bodies can co-exist with various articular lesions due to the same causative violence, or secondary either to joint-body irritation or to totally distinct and independent causes.

8. We know as to articulation involved, that:

a. No diarthrodial joint is immune.

b. Excluding the joints of the upper extremity, the right and the left-sided joints are involved with about equal frequency.

c. The knee and the elbow are the most frequent seats of joint-bodies; joint-bodies in other articulations are clinical and pathological rarities.

d. Joint-bodies are found over five times as often in the knee as in all the other joints put together.

e. All bilateral cases reported in the literature are knee cases.

9. Violence is the first and foremost etiological factor. It may be direct (bumps, blows, falls, etc.) or indirect (torsions, efforts, sprains, strains, etc.), slight, moderate or severe, and cause, in addition to the joint-body, other articular and peri-articular injuries. In exceptional instances, joint-bodies result from an inflammatory or a neoplastic process.

10. Cases of joint-bodies are not infrequently unrecognized, misdiagnosed and, as a result, subjected to injudicious and, at times, actually injurious treatment.

11. Joint-body symptoms are referable to three factors:

a. The injury causative of the joint-body. The causative injury determines symptoms of acute articular and peri-articular joint inflammation, symptoms analogous to those occasioned by strains, sprains, contusions, fissures of cartilaginous articular surface and other joint traumatisma.

b. THE JOINT-BODY PROPER. Joint-bodies proper determine one, more or all of the following symptoms: Joint pain and tenderness, joint-swelling, joint-crepitus, joint-effusion, joint-disability, joint-locking. These symptoms are merely suggestive of the condition which we are discussing. If the joint-body be palpated, the diagnosis is absolute. If the existence of the joint-body be demonstrated by the fluoroscope or skiagram, the diagnosis is manifest.

c. The secondary joint-changes induced by the presence of the joint-body. The secondary articular changes induced by the presence of the joint-body causes symptoms varying from slight to complete joint-crippling. Repeated attacks of joint-locking and recurrent hydrarthrosis are responsible to a large degree for the deviations from the normal in contour, attitude and measurements of the affected articulation and also for the impairment of joint-functions.

12. An attempt should always be made to diagnose not only the presence of joint-mice, but also their number, location, nature and other characteristics.

13. Roentgenography is an invaluable aid to diagnose the presence, number, location and many characteristics of joint-bodies. The X-ray examination should include an antero-posterior and a lateral view. Stereoscopic radiographs are to be preferred. Joint-bodies may exist though the X-ray plate be negative. If a joint-body from within be not the seat of calcific deposits or contain no osseous portion, it will cast no shadow upon the X-ray plate. X-ray findings have merely a confirmatory value.

14. The only relatively frequent condition which is difficult, at times, to differentiate from joint-bodies, is a partly or completely detached or ruptured semilunar cartilage. This condition also calls for an arthrotomy; therefore, the mistaking of a joint-body for a detached or ruptured semi-lunar cartilage or vice versa is not a significant diagnostic mistake.

15. Primary joint-bodies, irrespective of origin, location, nature, volume, number, mobility or surface characteristics invariably impair, sooner or later, the anatomical and functional integrity of the articulation which harbors them.

16. Joint-bodies should invariably be removed by an operation, using that incision which gives best access to the joint-body or bodies and which influences the minimal amount of permanent injury upon the periarticular structures. Chronic synovial effusions are dangerous to the integrity of the joint and justify the very slight risks which attend modern aseptic methods.

17. Important operative points are: (a) General anesthesia. (b) Use of an Esmarch constrictor which is removed immediately after ablating the joint-body and before suturing the capsular wound. (c) Incision parallel to the long axis of the limb. (d) Location and length of incision determined by the site, size and number of the joint-bodies. (e) Removal of joint-bodies by aid of instruments, intra-articular manipulation should be reduced to a minimum. (f) No joint-irrigation. (g) No joint-drainage. (h) Separate suture of capsular and cutaneous wounds.

18. The removal of joint-bodies is an operation of great simplicity, having no morbidity and no mortality. If an arthretomy be performed with aseptic precautions, the risks to the articulation, immediate or remote, are nil.

19. The removal of joint-bodies is followed by more or less complete anatomical and functional recovery. In cases of long standing, the return of complete functional integrity is not always immediate.

20. No one should be allowed to go about suffering from primary loose or pedicled joint-bodies. Operation cures the condition and in a large majority of cases leads to a complete return of anatomical and functional integrity.

1809 S. Trumbull Ave., Chicago, Ill.

ONE STANDARD FOR ALL PHYSICIANS

By J. C. Bateson, M. D.

In regard to the profession which administers to the sick, there is no law or code of ethics prohibiting a qualified physician from prescribing any remedy which he thinks is best suited to a given case; consequently there is no logical reason for the existence of sectarianism among practitioners of the healing art.

The general school of medicine does not subscribe to a law of contraries, as is supposed by some. And while the Hahnemann school subscribes to a law of similars, it does not strictly live up to its claim. This goes to show that there is no real need for maintaining any one pet theory or hobby, as a cure-all, except to be good common sense and preparation. In the main, this is the principle set forth by the general school of medicine, which hails with enthusiasm every discovery that has proven to be of benefit within the range of medicine or surgery.

Furthermore, the general school of medicine appropriates to its use every truth or remedy, no matter from whom or whence it comes, and yet it does not boast of its infallibility to cure disease, nor does it harbor the idea that a certain method of healing belongs to a particular sect, any more than does the art of farming or navigation.

In the general schools of medicine, every law and theory pertaining to the healing art are freely examined and considered, and the student is at perfect liberty to exercise his own judgment and form his own conclusions. What then could be more reasonable as a system?

When the student in the general school of medicine is made thoroughly acquainted with the various branches, pertaining to his profession, and has proved himself proficient in a four or five years course of study, with hospital and laboratory experience, he is ready to be tested by a State board of examiners, and if found competent and worthy is then allowed to begin the practice of his profession.

The regularly qualified physician is not bound to a single branch or specialty, but has a legitimate right to pursue whatever line he pleases. He may employ the wet pack of the hydropathist, the galvanic current of the electropathist, the mental suggestion of the hypnotist, the pilules of the homeopathist, the psychology of the Christian Scientist, the rubbing of the osteopathist, the faith of the faith healer, the prayer of the Christian, or any other fad or means for aiding the law of healing.

So that, the fully trained physician is free to use whatever means he deems best, for the alleviation of human suffering. What more, then, could be rightfully expected by the patrons of a noble profession? And still, despite these bountiful provisions and manifold advantages, the curious and foolish continue to run after advertising quacks and false healers.

There are thousands of venturous people, who are ready to try the healing pretender that wears a Quaker hat, Indian garb, or long hair. They are led to believe that these strange articles of dress stand for superior natural and acquired skill. Thereby, the deluded victims are relieved of money, and perhaps of health and life.

Consequently, it is necessary that stringent laws should be enacted and enforced, to safeguard the ignorant and innocent from being wrongfully dealt with by impostors. This only can be done by requiring all persons engaged in the healing art to conform first to a uniform standard of education and training, and to practice the profession of healing in a scientific and humanitarian spirit.

By exacting this plan, it will have a tendency to prevent the Christian Scientist from trying to cure cancer, apoplexy, or restoring decayed teeth, by absent treatment. The osteopath would be likely to try some other means than rubbing for cystitis, or for the removal of tape worm, or corns. The honest chiropractor would not depend on the Bohemian thrust to cure cataract, measles, or ingrowing toe nails. Last, but not always the least, the old pow-wow, gypsy, or hoodoo doctor would be put out of commission.

And if there should be a man found opposing this "square deal," to place all practitioners of healing on a uniform plain of proficiency and responsibility, he should have the scaly alligators of remorse to gallop up and down his anatomical viscera, until his spinal column becomes a railroad for the grim and gory goblins of dispair.

Scranton, Pa.

LET'S TALK IT OVER, BOYS

By "Old Doc."

Good morning, boys, hope you are feeling well this morning?

Say, boys, have you been doing anything down your way this week to speak of? My! My! aren't collections sorry? Great humpty doodle.

Did you ever hear so much talk about war and hard times? It's war this and war that. It seems to me like that people have got the toenails of their reason tangled in the whiskers of their judgment. One day we are told the war in Europe is making this country prosperous and the next day we are informed that it is causing these hard times. Looks to me like drawing sweet and bitter out of the same bunghole.

Well boys, if Uncle Sam has put the war tax on us while we are at peace with the whole world, what in the "thunder" will he do with us when we get into war? Scratch your head five times and clear up your throat before you answer.

Well boys, all this slobbery gush talk about war and hard times is a mighty good excuse for some people not paying their doctor bills.

Well boys, there are a whole lot of people who do not seem to care whether the doctor has a hoecake or anything to sop it in, but just as soon as one of them get sick they call for the doctor to come and come in a hurry. Two gallops to a lope.

Well boys, charitable work is considered by all as our proper function in a large measure nor can we evade much that appeal to us.

Well boys, after all we have got a great deal to be thankful for these days. We should be thankful for the Atlantic Ocean. Never did the old Atlantic look so good at us as it does at present. There have been times when we thought the Creator was unnecessarily wastful with His water supply when He made the ocean, but now we can begin to appreciate His wisdom. Just now it isn't too wide to suit us; the farther we are from Europe the better it pleases us. Lord have mercy on you boys when you have a bad case of hiccoughs in a sick man like I had last night, you will forget all about war and hard times.

Give him calomel and salts until his belly is flat and you are sure he is empty, and then give the following:

℞	Carbolic acid	♏.xxiv
	Chloroform	ʒij
	Ess. peppermint.	℥iij

M. Sig.—One dram in water every two or three hours until relieved. Apply a firm bandage on abdomen and lower chest and the trick is done.

Boys, when a child comes to you with the earache do not forget a few drops of oil of mullein dropped in the ear will give relief almost without fail. For adults I like the following:

℞	Muriate of cocaine	gr. v
	Carbolic acid	♏.v
	Glycerin	ʒiv

M. Sig.—Drop four drops into ear as often as required to relieve pain.

To abort a carbuncle without the necessity of an incision I use the following salve:

℞	Menthol crystals	gr. xxv
	Vaseline	℥j

M. ft. ung., Sig.—Apply every eight hours and give ten drops of normal tincture of echinacea every four hours and one grain of double sulphide of calcium every hour for twelve hours, then every four hours.

Boys, when a person comes to you with an old chronic case of cystitis, inactive liver, constipation, etc., after taking the rounds, give him the following prescription and he will bless the day you were born:

℞	Fld. ext. pichi	ʒvj
	Nor. tinct. epigæ	℥iss
	Fld. Ext. triticum	℥vj

M. Sig.—One dram every four hours and ten drops of Harlem oil on sugar at bedtime, and sodium phosphate, two drams in half cup of warm water before breakfast.

For cough, hoarseness, asthma, etc., I have found the following prescription very valuable:

℞	Potass. bichromate	gr. j
	Syr. ipecac	ʒij
	Syr. tolu	℥ij
	Aq. peppermint	℥iv

M. Sig.—One dram every three or four hours.

To head off inflammation of the breast I have used the following to great advantage: Wash the nipple thoroughly three or four times daily and stop the baby from nursing the affected breast. The breast should be emptied of milk by the use of the breast pump and use the following prescription:

R.	Tr. opii	ʒiv
	Sol. subacetate of lead	℥iv

M. Sig.—Saturate cloths in solution and apply every three or four hours. Give one grain of double sulphide of calcium every hour for twelve hours and then one grain every four hours.

Aconitine 1/134 grain every hour or two as required for fever. Empty bowels thoroughly with saline laxatives.

Now boys if the editor does not bury me in the waste basket you may hear from me again. So long boys, see you later.

AN OLD REMEDY FOR "RHEUMATISM"

Referring to some comments of Sir Lauder Brunton in the *Lancet* for February 6, 1915, Sheffield Neave, of London, in a communication to that journal for February 20th, states that he had a patient, fifty-five years of age, who had suffered from joint pains, called rheumatism, for over thirty-six years; happening to take sulphur for the relief of a lumbago, he continued the remedy for some four months as a prophylactic. His pains were completely cured and remained so for over six years, during which time he took two or three troches of sulphur two days in the week. The essence of the cure, says the writer, is to persist for some months in the use of the sulphur.—*N. Y. Med. Journal.*

ANNOUNCEMENT

We wish to repeat what we stated last month, that we propose making the July issue of *The Medical Summary* a special Cancer Number. Doctor, we want your best thoughts and the results of your experience, on this subject. To make the July number of special interest, we must have your valuable assistance; aiding us with your suggestions and results of your practical experience, may help others in the profession to diminish Cancer Mortality among their patients.

REFLECTIONS ON "THE HARRISON NARCOTIC LAW"

By W. M. Alter, M.D.

No American physician with the inherent instinct, to feel pride in any principle which is native to his Country, but will concede that as a source of revenue, our Republic has as good a right to resort to this means for revenue as to derive the same from tobacco and whiskey; this narcotic law, by a little judicious decoration, might have been a great salvation to thousands of unfortunate victims of the drug habit. There is none who knows as well concerning the tragic agonies to which these unfortunate victims are subjected when the drug is forcibly withheld from them as the physician, and those who can witness these things without compassion or commiseration, must surely be in the possession of the devil, in a great degree. It is quite easy for a good physician to treat these cases successfully, provided, he can secure the proper cooperation of the patient; to do this involves a great expense which a large per cent. of the victims are unable to defray, and especially in these times of financial trouble. This being the case, many will die or become mentally unbalanced, I fear, or become involuntary criminals, commit murder in their families, and suffer untold sufferings, the consequences often brought about, by the careless prescribing of opium by physicians.

The law under consideration has two points which commend it to the fair minded, namely: It will give physicians a chance to adopt more rational treatment for their patients. Physicians knowing the powerful analgesic power of opium and its salts, often give it for that effect alone, knowing at the same time that rational physiologic therapy contraindicates it, for it never cures anything, but on the contrary, it forces the mask of obscurity on the natural symptomatology arising from pathologic conditions, so that diagnosis is often uncertain. This fact makes it a mooted question, whether we do good or harm in our practice. If we use it to relieve pain in any condition, we have to provide for counteracting its damage to the economy, which is often done at the risk of vital energy and physiological rectitude. I will say in this relation that we have much safer drugs than poium; although it is king of pain-killers, still we may relieve by using less harmful drugs; by properly applying more rational therapeutic measures, we can relieve our patients by surer and more physiologic treatment.

I can practice medicine for years without once administering a hypodermic of morphine or a dose by the mouth, provided, I can have the intelligent cooperation of the patient. There is also another drug which, I think, might just as well have received the judicial assassination given to opium by the Harrison Act, and that drug is chloral hydrate.

I will now reconsider the drug habitues, for whom I think the bill should have included an appropriation, in order to cure those victims unable to procure the expensive treatment given by individual sanitariums. This would have been a protection for this class of patients; the Government could have helped thus to restore to health this helpless class, and when once cured, could have prevented relapse, so frequent when not restrained by judicial influence. I believe, that, if Congress had been in possession of the proper data on this subject in all its relations, this matter of appropriation would have carried through without a dissenting vote.

In conclusion, I will give my treatment of the morphine habit, with drugs and suggestion combined, and in another article, if requested by the readers, will write up a case which I treated successfully some years ago, by hypnotic suggestion—the parties being citizens here can verify the matter if required.

When called on to treat a case, I first, before writing my prescription, ascertain the age, sex, temperament; whether blonde or brunette, and other biographic data; the cause of the victim acquiring the habit, how long addicted thereto; the form of drug used, and how often it is taken during the day, also, whether it is used per orum, or hypodermic method. I thus ascertain the amount of morphine daily used by the patient, if the patient uses opium I calculate one-quarter grain of morphine to equal a grain of opium. Upon the above scale, I base my prescription. Now, I will take as a typical patient, a brunette, male, who uses seven grains of morphine per day; I will direct my druggist to dissolve 224 grains of sulphate of morphine in a four ounce vial, with four drams of alcohol and aqua added to make the desired quantity. I generally desire this to be colored red and marked No. 1.

To be formal, I will write this prescription thus:

℞ Morphine sulph..............gr. ccxxiv
Spts. vini rect......................ʒiv
Aqua ....℥iiiss

M. Sig.—Mark No. 1 and instruct to take from this bottle, one teaspoonful every day, or each morning.

Now, my No. 2 bottle is represented by the following formula:

℞ Hyoscyamus, (specific med
Lloyd)..................gtt. ccxxiv
Belladonna, (Specific med.).......gtt. vij
Quinine sulph.................gr. cxxx
Spts. Vini rect ....ʒiij
Aqua.....................q. s. ℥iv

M. Color, red. Sig.—Mark No. 2, instruct to transfer a teaspoonful of this to No. 1, after each dose is taken from it, (No. 1.)

Each bottle of the above should be shaken well, while the instructions are being carried out.

Now, for No. 3:

℞ Hydrastis (Lloyd). ....ʒiij
Echinacea ....ʒiv
Phytolacca.........................ʒij
Ergot ....ʒiiss
Quinine sulphate ....ʒj
Glycerin..........................ʒiiss
Spts. vini rect.....................ʒij
Hyoscyamus (Lloyd)...........gtt. xxx
Gelsemium....................gtt. xx
Aqua (colored red), q.s. ad..........℥iv

M. Sig.—No. 3. From this transfer a teaspoonful to No. 2 after each dose has been taken from No. 2.

It will be observed that I have mentioned the specific medicines of Lloyd Bros., but I do not do this to disparage official preparations as I use both when suitable, according to my judgement. Always in connection with the treatment given above, I use suggestion, therefore calling it a mixed treatment—it is different from the treatment of suitable cases by pure hypnotic suggestion. I also vary my treatment somewhat, according to temperamental indications.

England, Ark.

CHRONIC STASIS OF THE LARGE INTESTINES AS A FACTOR IN THE PRODUCTION OF APPENDICITIS

By Samuel Floersheim, M.D.

Chronic stasis of the colon may aptly be called chronic constipation. When peristalsis or retroperistalsis are interfered with from any cause—diseases or tumors of the ascending, transverse or descending colon—there arises an inability of the residue of digestion to be propelled onward towards the exterior of the body

It has been definitely demonstrated that the larger mass of feces is made up of either live or dead bacteria, often to the extent of 80 per cent.

When stagnation occurs there is an excessive production of either putrefaction or fermentation or both in the large intestines. This state tends to increase the calibre of the large bowel by distention, (due to the pressure of the gases formed), and by trophic disturbances (absorption of the toxic substances formed, acting on the nerve ends in the muscular tissue of the intestines or upon the ganglia) which materially interferes with the proper expelling function of the bowel.

The appendix being patent, fecal material is forced into its lumen, remains there and putrefies causing irritation of the lining mucous membrane. Should the appendix remain patent the inflammatory products find their way into the cecum with no further results at times. Should, however, the inflammation extend towards the orifice of the appendix, there is likelihood that considerable narrowing or occlusion of the orifice will take place which would make it difficult for the products of inflammation to escape. In that event the combined conditions of intra-appendicular pressure together with the inflammation of the mucous membrane produced by infection gives us the picture of appendicitis.

Where no occlusion of the orifice of the appendix has taken place the constant irritation produced by the constant damming into the appendix of putrefying fecal material tends to set up constant inflammation of a low character which eventually results in chronic appendicitis. Many patients do not give any history of an acute attack yet upon operation there has been clearly demonstrated appendicitis of a chronic character which has existed for a long period.

All cases of chronic stasis do not develop appendicitis in one or another form but it should be borne in mind that even with a history lacking of an acute attack of abdominal colic we may still have chronic appendicitis which give symptoms which are referable to chronic stasis of the colon.

Injuries to the abdomen, ingestion of fruit seeds and abdominal overstrain are not factors in the production of appendicitis.

Colonic stasis, dilitation of the cecum and ascending colon, pain somewhere in the region of the umbilicus with other symptoms of irritation and low form of inflammation are significant of appendicitis.

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SOME OBSERVATIONS ON THE HARRISON ANTI-NARCOTIC LAW

By T. C. Estes, M.D.

As the Harrison Anti-Narcotic Law is now effective, kindly permit me to express my views, opinions and personal information. My opinion, based upon over forty-eight years of practical experience and observation, is that cocaine and opium are dangerously convenient drugs, and the hypodermic syringe is a dangerously convenient instrument for their administration in the hands of any man, still, they are valuable drugs when indicated and properly administered; but I, conscientiously believe that hundreds have fallen victims to the mistaken and careless administration of opium, especially a number of years ago; and even up to the present, my observation forces me to the conclusion, that such victims greatly outnumber drug fiends now living, who have been made so through any doctor's prescriptions. While the hypodermic syringe is an absolute necessity for the doctor, and a blessing to humanity, still it seems that there is an increasing use of it in general practice—usually loaded with a narcotic and often unnecessary, but simply because it is convenient, and to some would indicate an appearance of learning.

The greatest medical fool that I ever saw was one of the best informed men, theoretically, that I ever met, and he carried the greatest number of drugs and instruments that I ever saw, for general practice, and apparently without any confidence in them; unfortunately, for his patients, very few of them lived long enough for him to try half of his medicinal artillery on them. Such practice reminds me of the Irishman, who on hearing a minister in a funeral discourse, preach a dead negro straight into Abraham's bosom, remarked: "Mr. Preacher, shure an yez have little to do, to be fillin' poor Abraham's bosom wid dead niggers!" My observation, also, is that when a man thinks he has learned all that is worth learning, and has the audacity to claim to be an expert in the use of drugs and instruments, he is in an admirable position to prove himself to be an expert fool, by being a menace to human life, in taking risks with instruments and drugs, especially narcotics, convenient for administration with hypodermic syringe. They often deceive themselves and the public by a pretense of knowing. In my opinion, upon such practice rests the necessity for enactment of the law controlling the extravagant, careless, reckless and often unnecessary administration of those valuable drugs, simply because it was convenient, and without taking into consideration the danger of making drug fiends.

The well-informed, conservative doctor, with practical therapeutic experience, as a rule, prescribes a very limited amount of narcotics. In regard to the administration of the provisions of the Anti-Narcotic Law, it will be administered according to the amount of moneyed influence and political favoritism brought to bear in each case in hand, as this is invariably the rule in the administration of law, regardless of any principle of right. More especially is this apt to be the case, as there is manifestly a spirit of suspicious vindictiveness existing among doctors today, that did not exist twenty to forty years ago; there is not the manly, honest, just co-operation and reciprocity of conduct that should be characteristic of such a noble profession. My observation is, that in some instances, a consultation is merely a wrangle for supremacy in the estimation of the patient and family—this is a cold fact, although, I have never experienced it and will not, if I know the man; I am glad to say this is not the rule in general—in evidence of this, kindly permit a brief narrative: On the 15th of the present month, while at the bedside of a young man of sterling qualities, and for several years, a very close and esteemed personal friend, which made it all the more sad for me, as he was dying with la grippe and peritonitis, especially when we thought at one time, that he was safely on the road to recovery—the next morning, being called in only to find my hopes rudely cast down, doing all in my power for him for two days and nights, when finally a consultant was called from quite a distance. I had heard much, but had never met as a consultant before; our meeting was a pleasing surprise to me and perhaps the same to him; even his handshake convinced me that he came to help. When he learned that my dying patient was my close friend, he kindly remarked that if it had been my own boy, the result, perhaps, would have been the same; as the patient was beyond recovery and I feeling very sad, there was little said, but every word spoken by the doctor was to the point, and his gentlemanly observance of ethical rules inspired my confidence in him, as a worthy consultant. I think that each of us was convinced that we had not met a bombastic egotist. I merely mention the incident, because my observation is, that such a meeting and parting of doctors happens seldom in this country.

Bennett, Mo.

THERAPEUTIC NIHILISM OR THERAPEUTIC IGNORANCE—WHICH?

By H. R. Coston, M.D.

The field of medicine and surgery is so vast that the man who tries to be a surgeon, pediatrician, obstetrician, family physician and occasionally oculist, and all the time a G. U. specialist and bacteriologist of the first water, has but little time to study therapeutics. I dare say that one-half of the men in this city who have been practicing medicine twenty years or more have not bought a new work on therapeutics in the last ten years. You ask one of them in what conditions he would give aconite, and fifty cents to a nickel he will reply that he "never uses the stuff," yet it is one of the most useful remedies I know anything of. That same man will tell you all about staining for T. B. Don't misunderstand me, gentlemen, the more you know the wiser you are—sometimes. But it is worth but little to that man with a hypertrophied heart, which every tyro should recognize, if you do not know enough to give him some heavy doses of aconite (and why?), or the one with failing compensation that you give two or three drops instead of fifteen to twenty drops of digitalis. I once asked a prominent physician what he thought of the use of chlorine water in typhoid. He replied that it was worthless; asked how many cases he had tried it in, he said, "none at all, drugs are useless in typhoid." Now, that man imagined he was up-to-date and telling the truth, but he was only ignorant.

Some years ago I published an article on the use of cotarnine in uterine hemorrhage. Soon after, one of my close friends approached me, saying, cotarnine would not do for him what I claimed for it. I asked him what size dose he gave. "¼ gr. every four hours." I said, all right, go back and try teaspoonful doses of warm water every six hours for twenty four and see if that will stop it. There would have been about as much wisdom in the one as in the other. Had he given 2 gr. doses every three hours he would have seen remarkably good results.

If the surgeon had known the oil of erigeron in 20-drop doses would stop the menorrhegia of gonorrheal endometritis he would not have done a curettement.

Doctor X knocks the "shot-gun" prescription, but lauds the use of Warburgh's tincture in malaria. Does he know 32 ingredients enter into its composition? Do I use Warburgh's tincture? No sir. I can load my own shotgun and I know what it contains.

Doctor Nihilist says he once used aconite in a case of chronic nephritis, and believes it killed the patient. I suspect it did. He should have used digitalis because that heart once hypertrophied and compensating is now dilated and needs support. Had it (aconite) been given five years ago the aconite would have dilated the peripheral vessels, thus taking the pressure off the heart and digitalis would never have been needed.

Veratrum viride is practically a specific in uremic convulsions. After meeting a man in consultation over such a case, he was so delighted with its use that he promptly gave it to the next epileptic to which he was called. Such a man ought, in the interest of humanity, to be a therapeutic nihilist.

Doctor Nihilist will even knock pituitrin—a remedy whose actions and limitations are so well known and so thoroughly understood as to make it an ideal servant; only ignorance of its action, or ignorance of the conditions under which it should be used can possibly make it a dangerous remedy. That same man would not hesitate to prescribe Hayden's viburnum compound, or some other "shotgun" proprietary.

The man who says "this is a case of appendicitis, but I will fix it up all right without any operation," is a man dangerous to the community—if he has any practice. He should be placed on the same shelf as the physician who says, "this is a case of pneumonia, but medicine will do him no good; just give him plenty of fresh air." Gentlemen, that man's mortality rate is no better than that of our forefather's fifty years ago when they closed up all the doors and windows and poured the hot grog into them. Give them a rational therapy *along with* the fresh air and your mortality will be decidedly lowered. One must first off: *Know* your medicine, next have the courage to give for effect. If you know your pathology and know the effect of a given drug, push it to the last gasp.

What would you think of a surgeon who says, "I decline to operate on this case, because I am afraid it will die on the table?" You would turn to the man who says, "let's give him a show." If the physician had as much knowledge as the surgeon, and the courage to carry out his convictions, his results would often be really remarkable.

Hush talking about not believing in drugs, and frankly admit that you are shy on knowledge of the action and uses of them.

Birmingham, Alabama.

DRUGS WHICH ARE STILL ESSENTIAL IN THE PRACTICE OF MODERN MEDICINE

By J. G. B. Bulloch, M.D.

It is clearly evident that in the treatment of disease it is necessary to use therapeutic agents which will either cure or alleviate the suffering of our patient, and we are confronted with the query as to making a list of these medicines which we actually need in emergencies and in the ordinary practice of medicine—those agents which we could not dispense with.

Whether we are successful in making out our diagnosis or not, there are times when we have to treat cases symptomatically, and therefore, in either case, we should use those medicines which we know by experience have an action on the various parts, and on the organs of the body.

Laying aside the various measures used in the practice of medicine, such as electricity, massage, baths, vaccines and serums, all of great use in the care of the sick, we shall confine ourselves to those measures purely belonging and within the domain of the action of drugs, vegetable and mineral, absolutely essential to our purpose.

We therefore, first of all, think it proper to make the following classification, placing under each head those needed for our use:

Absorbents, acids, anesthetics, antacids or alkalies, alteratives, antiseptics, antiperiodics, antimalarial, antispasmodics, astringents, diaphoretics, diuretics, emetics, emmenagogues, expectorants, febrifuges, linaments, narcotics, purgatives, rubefacients, sedatives, stomachics, stimulants, tonics, vermifuges.

Of course, we cannot include many drugs which are of great value, but simply pick out those which are the best; nor can we write a long treatise in explanation of the action of each remedy, nor state why we use this or that one, nor all the reasons therefore. There are also many medicines used by the homeopaths and the eclectics, and many glandular extracts, serums and vaccines, which no doubt are of inestimable value, also many active principles of each medicinal herb and valuable chemicals which we need at times: but the object of this article is to show that, although it is claimed that one can practice medicine with a few drugs, still, the most intelligent men who are versed in the treatment of disease require, at least, one hundred different medicines; they include substances for the specialist for the eye, ear, throat and other parts of the body.

Absorbents: Mercury; the ammonias; iodide of potash; iodine, and certain medicinal herbs.

Acids: Nitro-muriatic; citric acid.

Anesthetics (general and local:) Chloroform, ether, nitrous oxide, menthol, cocaine.

Antacids or Alkalies, Sodium, lime, the bismuths, charcoal.

Alteratives: The iodides, mercury, arsenic, certain vegetable compounds.

Antiperiodics—Antimalarial: Quinine, arsenic, mercury, coal-tar products, vegetable medicinal compounds, jaborandi.

Antiseptics: Mercury, iodine, sulphocarbolates, chloride of lime, formaldehyde, etc., menthol.

Antispasmodics: Chloral, the bromides, camphor, menthol, conium, amyl nitrate, nitroglycerin.

Astringents: Tannic and gallic acid, alum, zinc, boric acid, tinct. catechu, sulphate iron, etc.

Diaphoretics: Aconite, opium, ipecac, lobelia, jaborandi, spirits nitre, acetanilid, phenacetine, nitroglycerin, by dilating the capillaries.

Diuretics: Digitalis, squill, broom, elaterium, arbutin, etc. (Some of these, of course, are indirect, acting on the heart, others on kidneys and bladder.)

Emetics, Ipecac (emetine), apomorphine, zinc sulphate, lobelia, mustard.

Emmenagogues: Ergot, pituitary extract, quinine, cimicifuga, and other vegetable medicines, some causing contraction of the uterus, while others have simply an alterative action (pinus canadensis).

Expectorants: Ipecac, squill, senega, lobelia, tartar emetic, the ammonias, turpentine and its active principles. Some of these act by relaxation and by increase of secretions, others by their stimulating influences and liquefaction of contents and dissolving of fibrin.

Febrifuges: Aconite, belladonna, lobelia; quinine acetanilid.

Linaments and Rubefacients—Stupes: Oils impregnated, different substances, such as chloroform, camphor, turpentine, etc.

Narcotics: Opium, hyoscyamus, cannabis indica, chloral.

Purgatives: Castor oil, calomel, aloes, podophyllum, colocynth, elaterium (drastic hydragogue cathartic) useful in anasarca, croton oil, the salines.

Sedatives and Nervines: Opium, hyoscyamus, aconite, veratrum viride, chloral hydrate, conium, cannabis, indica, cimicifuga, nitroglycerin, the bromides.

Stomachics: Peppermint, ginger, capsicum, menthol.

Stimulants (heart, lungs, kidneys, spinal): The ammonias (carbonate, etc.); whiskey, belladonna (respiratory); strychnine, ether, camphor, caffeine, capsicum, cocaine.

Tonics: Iron, quinine, strychnine, arsenic.

Vermifuges: Calomel: oil male fern, chenopodium, thymol, quassia, sodium chloride; santonin, etc.

One is astonished when he reflects upon the need of so many drugs, but let him try, in active practice, to do without any of those mentioned in the foregoing list, and he will be much surprised that so many remedies are required. It will be observed that we have not touched upon remedies for the diseases of the skin, for parasitic diseases of same, nor have we mentioned remedies especially used in oral surgery, nor for the eye, ear or bladder; neither have we included the many appliances and necessities of surgery.

We might have mentioned eserine, nitrate of silver, hydrastis, glycerin, and many others used by the physician, surgeon and oculist, who through experience, are aware of the good effect of therapeutic measures. To the nihilist we have no apology to make, because our experience teaches us what is essential, and will cure disease.

The Octavia,
1669 Columbia Road, Washington, D. C.

FQR NASAL CATARRH (INTERNALLY)

℞ Quiniæ glycero-phosph. pur.	gr. ss
Eucalyptoli benzoatis	♏ 1
Creosoti benzoatis	♏ 1

Mise fiat sec. artem. (dispense in capsule).

This prescription is sold under the registered name "kugloids" so-called after Dr. Kugler, author of this formula. Benzoate of creosote is tasteless and does not irritate the stomach, besides being free from all the untoward effects of other creosote preparations. These capsules are a specific in influenza when administered in the first stage, before the buccal cavity and bronchial tubes become infected.

EPILEPSY

℞ Antipyrin	ʒj
Ammonium bromide	ʒiiiss
Strontium bromide	ʒj
Solution potassium arsenite	♏xl
Extract solanum carolinense	ʒxss
Water	q.s. ad ʒvj

M. Sig.—A dessertspoonful or more twice daily.

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

INTESTINAL STASIS

Dr. E. G. Rowland, Oakfield, Maine, believes that in a great many cases intestinal stasis is the result of laziness and inattention to the demands of nature, with a reliance on drugs to make up the deficiency of moral force. The symptoms following stasis he ascribes to absorption of the products of decomposition of food and intestinal secretions.

Doctor Rowland has never made use of cultures of the bacillus bulgaricus, and uses the intestinal antiseptics only in cases of typhoid fever and acute bowel troubles. For routine use he relies mainly on Hinkle's cascara compound, and Waugh's anticonstipation pills. The latter contain aloin, strychnine sulphate, atropine, capsicum oleoresin, emetoid and bilein. He employs enemas only in cases of emergency, and then prefers soapsuds.

The doctor has never had to resort to operation for the relief of intestinal stasis. He considers this measure indicated where there is fever, rapid heart action and general exhaustion. —"*Med. Standard.*"

FISTULA IN ANO

Dr. William Bodenhamer, of New Rochelle, N. Y., has found the following formulæ for fluids to be used by injection into the fistulous tract:

℞	Acidi carbolici	gr. xxx
	Glycerini	℥ij
	Aq. destillatae	℥iv
M.	Fiat solutio.	

℞	Hydrarg, chloridi mitis	gr. xxx
	Hydrarg. chloridi corrosivi	gr. j
	Mel. despumati	ʒj
	Aq. destillatæ	℥ij
M.	Fiat mistura.	

A FEW IMPORTANT DONT'S

Don't use active, irritating agents in simple conjunctivitis. You had better do nothing.

Don't combine calomel and any of the iodine preparations, or calomel and oxide of zinc in an ointment for use in the eye.

Don't use calomel (or for that matter any mercurial) in the eye while administering iodine in any of its forms, internally, as a painful conjunctivitis might result.

Don't use sugar of lead in the eye when the cornea is ulcerated or abraided. Deposits of lead in the corneal tissue are disastrous to vision.

Don't prescribe cocaine for frequent use in the eye. It causes exfoliation of the corneal epithelium, and favors destruction of its tissue.

Don't use atropine "*ad libitum.*" It is an active systemic poison. Its local effect is ***not*** needed in simple conjunctivitis.

SUBNITRATE OF BISMUTH

More than one instance is on record of the worthlessness of this salt. That it is decomposed in the stomach, and remains in the intestines to form a solid mass, every one knows. It is certainly inferior to limewater or milk of magnesia.

A drug house somewhere sent around samples of the milk of bismuth, but it did not remain in solution, and the bismuth settled. It proved to be of little value. Milk of bismuth is like the emulsions of cod liver oil; both in time separate.

If we want an antacid, it is better to use the oxalate of cerium, or magnesia in the form of powder, or still better, aqua calcis. One of the elements of which lime is composed is found in the bones and tissues. Bismuth, in any form, either in powder or solution is a back number and is not used by progressive physicians.

STATIC ELECTRICITY IN MEDICINE

The therapeutic effects of static electricity have been the subject of many ill-founded claims and rash theories; but, as in other forms of electrical treatment, there is a residuum of real value. We need not even despise its psychical use as a means of suggestion in hysterical conditions, but there are direct physical results of more importance. It may be applied either in a general or localized manner. Static insulation or simple charging is a type of the one, and Morton's induced current and the breeze are instances of the other. In general treatment the nutrition of patients is improved, their appetite and sleep return, the output of urea is increased while uric acid is lessened. General applications have also given very good results in neurasthenia, hysteria, some forms of melancholia, obesity, and dysmenorrhœa, from their stimulating or tonic effect. They have this advantage over the electric bath, that they do not necessitate the removal of the clothing.

Localized treatment by Morton's currents directed to a motor point or nerve trunk brings into play damaged muscles and is of great value in various forms of paralysis, muscular rheumatism, and perhaps in neuralgia, though Jacoby throws doubt on its effect in the last case. The perfect manner in which it can be applied to a given spot only, and its force regulated, are one of its great advantages. The breeze is valuable chiefly as a sedative in pain, while sparking is used as a stimulant or counter irritant. Indeed, these three methods may respectively be compared to sinusoidal, galvanic, and Faradic treatment, though certain differences exist in each case.—*The Hospital.*

MUMPS

Trachet recommends the following ointment:

℞	Ichthyol,	
	Iodide of lead................	āā gr. xlv
	Chloride of ammonium..........	gr. xxx
	Lard.....	℥j

M. Sig.—This ointment is to be applied to the swollen parts three times a day.—*Pediatrics.*

GELSEMIUM

While most of our readers are very familiar with the action of gelsemium, it is such an exceedingly reliable remedy and has such an important field, that every reader should study it thoroughly, until he has absorbed its every influence, and knows just when to advise it. It is a most powerful antispasmodic, and can be given to reduce nerve excitement and nerve irritation until its full physiological influence such as ptosis, and respiratory tightness are plainly evident, with also quite full muscular relaxation in exaggerated cases. It acts safely and positively on kidney irritation and inflamation, on urinary irritation with stricture in all spasmodic conditions of these structures, also in all muscular irritations whatever the character, especially if macrotys is indicated as the two remedies work perfectly together. It acts directly also upon the ducts, being indicated for either renal or hepatic calculi. In all acute neuralgia where it relieves nerve irritation it is a most reliable remedy.—*Ellingwood's Therapeutist.*

IMPORTANCE OF URINALYSIS DURING PREGNANCY

In an interesting article under the above caption by Dr. J. H. Beard in *The Illinois Medical Journal*, the author concludes as follows:

1. In pregnancy, so-called physiologic albuminuria should be regarded as indicative of renal abnormality and the patient watched accordingly.
2. Recognition and differentiation of the different types of albuminuria are imperative in order that the members of the toxic group may be discovered early, their gravity appreciated, and proper treatment instituted.
3. The infectious and mechanical types should be carefully observed to detect developing nephritis and to avoid any increased irritation of the renal epithelium.
4. Melituria during pregnancy, in the absence of clinical symptoms, should by no means be interpreted as a sign of diabetes until lactosuria, alimentary and transient glycosuria have been excluded.
5. In the absence of symptoms it may be impossible to determine whether a given case of glycosuria will or will not clear up under

treatment. When glycosuria is present and it does not appear to be alimentary, careful and repeated observation of the patient is absolutely necessary.

6. Very low urea output is a danger signal, and the patient should be kept under close supervision.

7. High ammonia may be due to increased total nitrogen eliminated, following nitrogen retention, inanition, catharsis, etc., or it may also result from bacterial contamination of the bladder, and may be unaccompanied by any unfavorable symptoms.

8. No great emphasis should be placed on percentage values in determining a radical course of clinical procedure, but we should be guided by the symptoms, as well as the urinary findings.

9. Analysis of the urine is a means of great value in separating the safe from the hazardous cases, and while it may not tell when to empty the uterus, it should lead to the use of such diet, hygiene, and medication that intervention in many cases would be unnecessary and many children would be born that otherwise would have been doomed.

TREATMENT OF PSORIASIS

Dr. S. Robbinovitz, of Brooklyn, N. Y., concludes an article in *The Therapeutic Record* as follows:

In selecting an agent for local application in the treatment of psoriasis, we must consider, first, whether or not the case requires a soothing or stimulating agent. For example, in hyperemic actively spreading patches, some bland substance, as alkaline lotions or olive oil, should be used. Subsequently, when the psoriasis has passed into a chronic stage, the best application and agent which acts almost like a specific is chrysarobin, which may be combined with some salicylic acid in a paint, as follows:

℞	Chrysarobin	ʒi
	Acidi salicylici	ʒss
	Liq. guttæ percha	ʒii

M. Sig.—Put brush through the cork and paint on.

Chrysarobin may also be applied in the form of an ointment, but the objection to the latter is that it may be transferred to other surfaces and produce thus unnecessarily a dermatitis of an extensive nature.

This drug must never be applied over too large an area at one time, lest general poisoning, as well as a dangerous extent of inflammation, be produced. In extensive cases it is, therefore, well to begin with a single area, as one arm, or a part of a leg, especially since distant patches will at the same time be found to be favorably affected through the medium of circulation. If such patches should occur, they may at the same time receive other treatment. It must be carefully noted that rapid absorption of large quantities of chrysarobin may produce a green or black urine with acute nephritis, hematuria, or even death. Another fact is that this drug leaves a characteristic brown stain on the skin and permanently discolors underclothes and bedlinen with which it may come in contact. It should not be applied about the head and genitals.

Pyrogallic acid is, in effect, similar to chrysarobin, but is less dangerous and less efficient. It may be made into an ointment in 2 per cent. to 12 per cent. strength.

Where we can not use chrysarobin, as about the scalp, face and genitals, the tars in ointment form may be used or dissolved in alcohol with the addition of green soap, or it may be used with kaposi.

℞	Beta-naphtholi	℥ ss
	Cerat. preparat.	ʒiiss
	Saponis viridis	℥i—ʒv
	Adipis	℥iii—ʒii

M. Sig.—Apply two or three times daily.

Mercurial ointments are also useful, e. g., white or red precipitate, 2 per cent. or 1 per cent. of each, but it must not be applied over too wide an area.

In several cases I derived a good deal of success by adding about ʒss (to the ounce mixture of the ointment comprising the chrysarobin) of tincture of iodine. The latter seems to exert a favorable influence on the scales, causing them to dry quicker and fall off, leaving below them a very healthy-looking and clean surface, and at the same time producing in the diseased skin an alterative effect.

Whitney (*Amer. Med.*) speaks favorably of anesthesia through morphine, scopolamine and sparteine. The latter is a vasomotor relaxant like cactus.

OFFENSIVE BREATH

Dr. George M. Haywood, in the course of an excellent paper on this important subject discussed ozena of atrophic rhinitis and chronic follicular tonsillitis as a cause of this symptom.

"To remove the ozena of atrophic rhinitis," says the author, "it is absolutely necessary to get and keep the nose clean. This is best done by a coarse spray of an alkaline solution, or a normal salt solution, to which has been added an ounce of glycerin to each pint, alternated with a spray or douche of peroxide. If the atrophic condition has invaded the nasopharynx, I find the 'Succcss' syringe the most satisfactory syringe for self-use. This is a soft rubber bulb, to which is attached a tube eight inches long, perforated an inch or two from the end with small holes. A patient can pass the long soft end through the nose into the pharynx, and by pressing the bulb wash out the accumulated crusts and secretions with greater rapidity and thoroughness than by any other method, and with less danger to the ears than by the hard rubber postnasal syringe or ordinary douche. After a thorough cleansing, I find a spray of hydrastis oil, or a spray containing five grains each of menthol and salol to the ounce of albolene very efficacious, not only in removing the odor, but also in staying the progress of the disease. In case the ozena is not relieved by the above, the spray containing sanitas oil, as recommended in syphilitic ulceration of nose, will probably prove satisfactory. The use of kali iod. and iodine in glycerin, also ichthyol, in five to fifty per cent. solution, is highly recommended by many authorities in atrophic rhinitis."—*Eye, Ear and Throat Journal.*

AN EFFECTIVE HAIR TONIC

Professor Bartholow gave the following as an effective *hair tonic:*

℞ Ext. pilocarp. fluid.,
Tinct. cantharid................ āā ℥ss
Glyerrini,
Vaselini........................ āā ℥j
M. Use locally.

The common cold is the starting point for most of the contagious diseases of school children.—*M. R. Walker, Nevada Medicine.*

POISONOUS MUSHROOMS

Editor Medical Summary:

A family of foreign extraction lived in the outskirts of the city.

On a certain morning in July, the father and mother rose early—the former hied himself away to a distant wheat field to work; the latter went to her wash tubs.

The five children, from 12 years to 6 months of age, slept until the sun was high and when up and dressed were sent on an errand. On their return they found a quantity of what were supposed to be edible mushrooms, gathered a supply, carried them home and fried them for breakfast. As the meal was late all partook heartily, but within a few minutes after eating all became sick, weak and languid, while narcotic poisoning supervene rapidly. The mother became alarmed, called to her neighbors and sent for the doctor.

The writer saw the six cases within thirty minutes, probably, after the first vertiginous symptoms developed. Three of the children were lying prone upon the floor, two outside the house were stretched on the grass in the sun—all in a somnolent condition, while the mother was frenzied, semi-delirious and gesticulating wildly.

Fortunately there was plenty of warm water and ground mustard to apply externally and administer internally. This treatment, supplemented by full doses of ipecac, via the stomach, brought about prompt and free emesis, which most certainly caused ejection of the toxic muscarine not yet taken up by vascular absorption.

Whether all the patients had taken lethal portions could not be determined, but that hot stimulating baths and energetic flagellations aided materially in their prompt recovery is certain.

JAMES L. REAT, M.D.

Tuscola, Ill.

ACNE OF ADOLESCENCE

Treatment: A diet of green vegetables, cereals and milk. Sulphur locally in some form and salines internally. An excellent lotion is composed of precipitated sulphur, pulverized camphor, lime water and rose water. Soap and water should be used sparingly.

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

PROSTATIC ATROPHY AND MUMPS

Editor Medical Summary:

The close connection between the parotid gland and the testes is well known. That an attack of parotitis may result in atrophy of the testes, in aspermia or azoospermia with complete sterility is also well known. Hardly known, however, is the connection between the parotid and the prostate, and still less known is the fact that an attack of parotitis may cause atrophy of the prostate without apparent involvement of the testicles and the spermatogenetic function. The sterility may, however, be just as absolute nevertheless, for a normal prostatic secretion is an important constituent of normal seminal fluid, and its absence seems in many instances to be alone responsible for the lack of fertilizing power of the latter.

The writer has had seven cases of partial or *complete* (so complete that not a vestige of prostatic tissue could be made out) atrophy of the prostate, in which an antecedent parotitis seemed to be the sole etiologic factor; in some of these cases (five) the atrophy was accompanied by atrophy of the testicles; in two the testicles seemed to be unaffected. These interesting cases will be reported in detail later on. But the object of these lines is to call the attention of the profession to the connection between the parotid and the prostate and to ask them to report either in the pages of your journal or to me directly, any cases of prostatic atrophy in which parotitis was the positive or probable etiologic factor.

The relationship existing between far distant glands, organs and the tissues and the genital organs forms a fascinating field of study and research.

WM. J. ROBINSON, M. D.
12 Mt. Morris Park, W., New York City.

ABRASIONS OF THE SKIN

Editor Medical Summary:

Abrasions of the skin may be made in various ways and by different things, such as the edge of a knife of some kind, the point of a pin or needle, the edge of a razor while shaving, and by the claws or teeth of dogs, cats, squirrels, etc. They may also be made by pieces of glass and sometimes by falls on the ground, or in other ways as from barbed wire. An abrasion may be superficial, just a mere scratch on the surface, or it may be a little deeper so that blood is drawn, and then it is more painful and harder to heal. Sometimes a great deal of trouble may be caused by a slight scratch, more often in an unhealthy person, if it becomes infected, and this, of course, makes it more difficult to treat.

Abrasions of the skin are perhaps more common on some parts of the hands or fingers, more so than on other parts of the body, on account of their being so much exposed and utilized for all kinds of work. The face and neck are also frequently subjected to abrasions, because they are also exposed, while the covered parts of the body for obvious reasons are less frequently bruised. When an abrasion of the skin occurs, it may not be known just what is the proper thing to do, and more so, if it is bleeding to a great extent. If it is a jagged scratch and occurs on the face or neck, it is, of course, necessary to heal it up as neatly and quickly as possible. There are a number of things that can be put on a scratch, such as solutions and various ointments. Carbolic, tincture iodine and alcohol, equal parts have been tried; tincture iodine has been tried alone, but these are not so good to put on abrasions.

One of the best solutions to use on a superficial abrasion, or a deeper one, to heal it quickly and check any bleeding, no matter where it occurs, is equal parts of tincture perchloride of iron and water or glycerin: or the tincture muriate of iron may be used. The next best thing that is useful in such instances is tincture benzoin compound; silver nitrate is also good, in solution or stick to apply to an abrasion. Witch hazel having some healing properties may also be used as a household remedy. In the order named, the above solutions seem to have value as applications. Of course, before using it is always better to cleanse the abrasion with an antiseptic solution, but in mere scratches this is hardly necessary.

JOHN C. WARBRICK, M.D.
Suite 29, 306 E. Forty-third St., Chicago, Ill.

COMPULSORY VACCINATION

Editor Medical Summary:

One hundred and sixteen years have passed since vaccination was introduced to be tested by experience and observation, in order to verify its supposed analogy to kine-pox or variola and its apparent prevention of the latter. It seems as though the length of time for clinical observation would have removed all doubts from scientific observers as to its absolute reliability as a prophylactic to small-pox and also as a modifier of its fatal and disagreeable ravages where it fails to prevent it altogether; but it has not yet presented itself to the people nor the profession in such a way as to secure the universal approval thereof.

There is a difference of opinion as to the period for which it will give immunity, and also the respective potency of the bovine and human virus, for a great many seem to think it is void altogether of prophylactic power and that it is dangerous, promoting toxemia and generating cancer. This want of harmony in the minds of observers is rather peculiar in relation to the above pathological fact, and shows the connection between disease and treatment and natural immunity which exists in many as a result of physiologic integrity.

Some people have a natural immunity from all contagions, seemingly, which must be due to the fact that they have good digestion and make good blood, which is the life from wholesome food. This accordingly imparts to them a sense of security, through the sensory apparatus, which leaves them without fear.

I have been a moderate believer in vaccination myself, but, I must admit, in order to be candid, that my observations in my professional career, have not confirmed me in favor of its reliability, for I have known people to contract the disease, though they have been thoroughly vaccinated. Therefore, my personal observations forbid me to join in promoting compulsary vaccination, and to make that a test for admission to schools. And some even desire to compel this arbitrary legislation to be enforced every year. In California, I am informed, that the Court has given a decision that every student registered there must submit to it. Now this is one-sided; if the State demands, as one of the conditions of entering that institution, compulsary vaccination, then, I believe it should be held responsible for any of the damages done to the personal liberty and the consequences incidental to the practice of this tyrannical law.

Who is to give the student compensation if he becomes a victim of cancer, or is so maimed that he cannot obtain his university education, through submitting to this law and being deprived of the personal liberty of every American citizen?

I wish to remark here, that as to the period of immunity supposed to be afforded by vaccination, those who advocate yearly vaccination are unreasonable, unless it is indicated. It may be of some interest to a doctor who has pull enough to promote his financial prospects by being in the field as a vaccinator; but as a physiological theory worthy at least of consideration, in relation to the length of time that vaccination will give immunity, I would suggest that as there is a physiological process going on all the time normally, and which results in the complete renewal of our body—the removal of the old cells and the replacing by new—and this process requiring seven years, I naturally call it the physiological Septennial Cycle and would conceive this to be a safe period to allow for vaccination to be considered protective, if protective at all. Therefore, we should not make an effort to revaccinate, when accurate data is obtainable of a scar, which would indicate a successful vaccination within the period of seven years.

W. M. ALTER, M.D.

England, Ark.

A PLEA FOR THE OLD DOCTOR

Editor Medical Summary:

I have read with great interest the letter from Dr. Albert Bjornson in the February issue of *The Summary* giving a plan in brief outline for assisting the old doctor in his indigent dependent old age. The plea has been made before, and will again be made before a perfected plan is adopted by an interested profession. Any thing, any plan, any idea, no matter how interesting, must be brought time and again before the profession in order to develop that interest. We read, we reflect, we agree, in thought at least, but fail to help along the plan by personal discussion. It is the prerogative of the great A.M.A. to see the need ot some action being taken and agitating the matter so strongly that action will be taken.

It is not enough to say that all doctors should so arrange their affairs during the heyday of their youth and mature years that the approach of old age should find them with a coffer well-lined with the means to offset dependency. That is true enough, we do often neglect the coming time when our earning ability must necessarily grow less, and fail to make preparation for this period of life. Also it is true that our financial investments are often failures through lack of proper attention, and the savings of years may be swept away in a moment. No matter what the cause, there are many who are forced to become dependent by reason of ill-health or what-not, and deserve our support. The fraternal orders recognize this obligation and prepare for it by founding homes for the old members of their order, and it has been suggested that the members of the greatest fraternal order be brought more closely in touch by founding lodges where this fraternal feeling can be more adequately developed and make of our profession an organization worthy of the name, an organization for good, where concentrated effort will produce the most effective results.

It is a fascinating and far-reaching enterprise, worthy of our best efforts, and calling for individual support. It is one of the greatest problems now seeking solution by an organized medical profession, and it is to be hoped that those occupying positions of authority, whose interested support will give the plea for the old doctor the necessary impetus to carry it through to completion, will in course of time take sides in its favor. In the meantime, however, let not the rank and file be content to leave the solution of this problem to those higher up, but agitate in their own country and state societies the need for this enterprise, and make it a live issue for immediate consideration.

R. J. SMITH, M. D.
Bancroft, Idaho.

[Some of us, no doubt, will get old some day, and perhaps not all of us may be able to keep the wolf from the door, as the saying goes; in such a case, those members of the profession should in some way be taken care of for the balance of their lives; therefore, this "Plea for the Old Doctor" is certainly an interesting subject and we invite the profession to discuss, in *The Summary* columns the pros and cons. It will be inteiesting and in harmony with advanced ideas on the practical solution of the problem, which now faces the medical profession relative to superannuated seniors.—*Ed.*]

"THROW MEDICINE TO THE DOGS"

Editor Medical Summary:

Shakespeare's Macbeth said: "Throw medicine to the dogs—I'll have none of it." There are people to-day who pretend to think that there is no efficacy in medicine. That any one suffering from pneumonia, typhoid fever, acute rheumatism, or any other painful or dangerous disease, should ignore the palliative and curative effects of medicine, is virtually a suicide.

Christian Scientists may thus go on to their physical undoing and die, but when it comes to withholding the means of relief and cure from others, this is simply a crime and should be punished with the law's limit. I was for a good while bored by a friend who kept laying Christian Science literature on my office table, and some two months ago, he was seized with a vertiginous attack—falling in his office. He said that when he regained his senses (?) he got in communication with a Christian Science practitioner (?) and she dispelled the trouble promptly. He didn't know that he would have done just the same if he had never communicated with her. The attack was a threatened apoplexy, for not many weeks later, while in his buggy, he was stricken with apoplexy, and never regained consciousness. Perhaps, if he had consulted an intelligent physician at first, his blood pressure would have given the clue to treatment both medical and dietary, which would have prevented the fatal attack. But "Ephraim is joined to his idols," and we might just as well "let him alone."

D. L. Field, M.D.

Jeffersonville, Ind.

THE IDEAL DOCTOR

Editor Medical Summary:

Medicus in omne aevum nobilis; and if there is among men and in the learned professions one to which the word devine may justly be used as a qualifying word, that calling, that vocation, and that profession is—Medicine. In it there is no room for weaklings, but the firstlings of the flock—those with hearts within them and God overhead.

Brother, "read not to criticise, but to accept, or reject, or to consider."

Remember, Brother, the cowl does not always make a monk (*Cucullunon facit monachum*), nor the title M. D. always make the ideal doctor. Be yourself, the ideal which you want others in medicine to become, and console yourself with the words:

" That I spent I had;
That I give I have;
That I left I lost."

and that to be the ideal doctor, one must possess Soloman's wisdom, the patience of Job, the strength of Samson, the bravery of Joshua, the eloquence of St. Paul, the meekness of Moses, the faith of Abraham, the charity of Dorcas, the executive ability of Jezebel, and to be a hunter like Nimrod, a fisher like Peter, a climber like Zaccheus, and a driver like Jehu. He should be free of Asa's gout, the melancholy of Saul, the gastric infelicity of Timothy, and have all the virtues of the most virtuous, and the religion of "All Saints." He should have the finest conception of duty, responsibility, kindness manual skill, beauty and sociability, and these may be defined as "moral senses," which his profession encourages and experience fully develops.

"Ideals are not for those only whose heads tower above ours and the very soles of whose feet seem to walk over the clouds, but for all of us, who take pride in admiring great examples and try to follow them," are the words of Abraham Jacobi, M. D. LL.D., New York City, who is the most venerable and worthy "master mind" in America, and a "Father in Medicine." He will be known in the centuries to come, as he is now known. He of the cheap medical college and he who is known as "Doc" cannot be influenced by any Ideal.

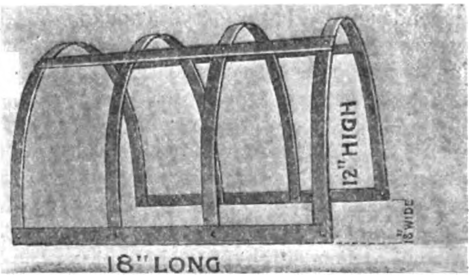
James S. Sprague, M. D.

187 George St., Belleville, Ont.

A SUPPORT FOR THE BEDCLOTHES

Editor Medical Summary:

I enclose a picture of a frame that I made and use in the hospital to support the bedclothes and prevent their weight over a fracture or injury to the leg. We have found it a very handy and useful thing about the hospital.



It is made out of ¾-inch band iron and riveted at the corners and joints, neatly smoothed and enamel paint applied. The accompanying illustration gives the dimensions. Any blacksmith or mechanic should be able to make this at a cost not exceeding a dollar.

F. J. Fralick, M.D.

Greenville, Mich.

CAUSES OF SUDDEN DEATH

Editor Medical Summary:

There are many sudden deaths at most all ages, hence, this subject deserves due consideration. Any person can study awhile and think of quite a number of people who have died, in their immediate locality, very suddenly. There are various causes of sudden deaths, and it is not my purpose to enumerate all of them. I will quote one paragraph from an article on "Status Lymphaticus and Status Hypoplasticus and Their Relation to the Glands of Internal Secretion," by Dr. W. W. Duke, from the Journal of the Missouri State Medical Association, November 1914:

"The most sensational suggestions made in this connection have been those regarding a possible relationship between status lymphaticus and sudden and apparently causeless death; also between it and suicides and crime. Almost every physician has been shocked once or several times by having a patient come to a sudden and untimely end without apparent cause, and found at autopsy nothing more than hyperplastic lymphatic glands and follicles. Cases have been known of deaths following slight operations, such as, tonsillectomy, after injection of serum, or from causes even more trivial than these. One case mentioned by Bartel suddenly died during an attack of vomiting, while at the dinner table. A case observed by the writer in the Massachusetts General Hospital, died in a few minutes after being placed in a sweat bath. No cause of death was found at autopsy, except status lymphaticus.

The frequency with which lymphaticus is found among suicides had been mentioned by Brosch, who made a study of over two hundred cases of suicide. It has also been noted that autopsies in penitentiaries show status lymphaticus with relative frequency. Among one hundred cases of status lymphaticus reported by Bartel, one died suddenly without cause, four while under anesthesia, and six committed suicide. Statistical studies on this subject are not yet complete and these interesting questions are still up for future study."

In the March, 1914, Southern Medical Journal, Dr. D. I. Macht has an article on "Commonest Natural Causes of Sudden Death." Dr. Macht's article is a valuable one and should be read by all who are interested in the subject of sudden death. The article is not suitable to use abstracts thereof. He mentions sudden death from failure of the cardio-vascular system, failure of vital brain centers, also deaths due to obscure and general causes not yet well understood. He also mentions hemorrhages in different parts, sclerotic changes, air embolism, fat embolism, foreign bodies in the larynx, sudden œdema of the glottis, rapid pleural effusion, extensive consolidation of pneumonia, œdema of the lungs, apoplexy, cerebral embolism, acute meningitis, chronic alcoholism, epileptic fits, uremic or diabetic coma, and various other conditions. There are various causes for sudden deaths and both physicians and the laity should know more about this subject.

J. A. Burnett, M. D.

Hartshorne, Okla.

THE REVENUE LAW

Editor Medical Summary:

The Revenue Law regulating the practice of Medicine, and making it unlawful to sell, barter, or give away any preparation of opium, coca leaves, etc., works a hardship on medical men, and sends "dope habitues" to either the insane asylum, or to cemeteries.

Law or no law, there are those who suffer the tortures of the dammed, when not under the influence of an opiate. The vast majority of those addicted to the morphine habit are financially unable to pay for treatment to overcome the habit, and the result is that they are virtually condemned to the graveyard. Any law which is aimed to force persons to change their habits, should not stand a legal test. To be sure it is deplorable, and seems inexcusable that one should acquire such a ruinous habit, but the same can be said of drunkards.

The law is here now, but it will not last long. Doctors of medicine, dentists, veterinary surgeons, and druggists, are required to help "Uncle Sam" pay expenses, that should be raised by a protective tariff.

D. L. Field, M.D.

Jeffersonville, Ind.

"PERSONAL ODORS"

Editor Medical Summary:

The article entitled "Personal Odors," by Dr. D. L. Field, in February Summary, has suggested the following remarks:

Did you ever think what it is that gives the awful odor to these people? Simply, the product of autointoxication, putrefaction and fermentation in the intestines, absorption of purins, etc., and the attempt of the skin to eliminate the same. Take your patients who have this skin condition, and go into the case with them. You will find they are constipated, maybe have a movement of the bowels every day, but still are constipated or obstipated. The urine is more or less highly colored, strong, concentrated, and with an acidity ranging from around 30 to 140 or more. The movements of the bowels usually are abominably offensive, and the patient flatulent, with an offensive breath, and poor teeth with a tendency to pyorrhea. Test the saliva with litmus paper, and you will find it acid, instead of alkaline. These patients are irritable, easily depressed, don't sleep well, easily tired, or tired all the time, and are more than usually liable to sick headaches. You can make yourself "everlastingly solid" with such patients by prescribing as follows:

℞	Sodium bicarbonate	gr. x
	Sodium sulphocarbolate	gr. v

M. Have this powder made up in 10 or 15 pound lots. Give them a teaspoonful in a glass of hot water an hour before meals and at bedtime.

It will loosen the bowels quite a great deal at first, but acts more on the kidneys, after a while. Make them stop coffee and meat absolutely, until the condition is gone; canned fruits and tomatoes are tabooed, on account of the fermentation from the first, and the oxalic acid in the second. Try and have them exercise vigorously enough to sweat—I mean SWEAT, not a genteel perspiration—two or three times a week, and then boil out in a blazing hot bath. The new dances or sawing a cord of wood are both fine and equally efficacious.

Send to the Abbott Alkaloidal Company, Chicago, and get Harrower's acid water, Phenolphthalein Solution, and the Solution of Sodium Hydrate, and make a point of testing the acidity of every patient's urine. I saw a child, three years old, yesterday, in a hard convulsion—the first, and no excuse for it, apparently—the acid in urine registered 128 instead of 25; a saturated solution of sodium bicarbonate straightened him out in an hour or two.

I was called in consultation to see a woman; her baby was 30 days old; her temperature was 104; she was delirious, circulation in bad shape, and two doctors and her family waiting for her to die. I smiled. I saturated her with alkalies and in 24 hours, she was out of the woods.

A few days ago I was called out of town to see a woman; her heart was intermitting, poor quality, blood pressure 160, nervous, hysterical, and generally in a bad way; urine strong, acid 140, and stools foul. Three ounces of castor oil, and a teaspoonful of the alkaline in hot water every two hours—next day a practically well woman. These are not fairy stories. I could tell you hundreds of such cases. I have used over one thousand four-ounce boxes of it—it must do something, and I haven't anything to sell or boost—just "*pro bono publico*." Ordinary victims of sick headache will flock to you after a while. Get your stock, make it, and dispense it yourself.

Hugh Jameson, M.B., C.M.
(Univ. Edinburgh '89)
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MALARIAL POISONING

Editor Medical Summary:

In a certain section of the country there appeared some years ago a most fatal form of disease which seemed to be in character a combination of the poisons of both malaria and typhoid. At any rate, the symptoms presented were most serious—the tongue was red at the edges and in the center was denuded of epithelium, and these together with the other symptoms showed that one had to deal with a most malignant disease.

In the treatment of these cases, it is assumed that the physician will always keep the bowels cleaned out and in an antiseptic condition and use such other means as will enable the patient to tide over the crisis and reach again his former state of well-being. The following prescription is recommended;

℞	Cinchonidia sulph	ʒj
	Sulphur (flowers)	℈ij
	Carbolic acid	gtt. xij
	Gum acacia	q. s.

Mix and make into twenty-four pills.

Sig.—One every three hours, in daytime only; for adults exclusively.

If there is delirium, do not give these pills, or if the cinchonidia makes the patient nervous; but instead, give aromatic sulphuric acid dilute, three drops in sufficient water every three hours. Also give at times one drop of spirits of ammonia in milk, if the pulse is weak and irregular.

In the more simple forms of malarial poisoning, it must be remembered that there is either a catarrhal condition of the stomach and intestines, or congestion, and therefore, if we give quinine before we have swept out the mucus from the alimentary canal, we are apt to have the quinine unabsorbed, and after a time the whole quantity which has been administered from time to time, will be absorbed, thereby producing most dangerous symptoms. But there are periods when we cannot wait for a bowel movement and it becomes essential to give quinine at once, in which emergency the following is recommended:

℞	Quinine sulph	ʒ j
	Fld. ext. ipecac	gtt. x ij
	Podophyllum	gr. ij
	Aloin	gr. iij
	Ext. hyoscyamus,	gr. iss

Mix and make into twelve pills.

Sig.—One every four hours.

The above prescription is for grown persons only. Follow every morning by saline and give between times five drops of Fowler's solution of arsenic, three times a day for one week, stop a few days and then renew with the same dose. As a tonic, give pills of arsenic, quinine, strychnine and iron, during convalescence. This method is for the ordinary attacks of malarial poisoning.

In grave and pernicious cases where there is hematuria, or hemoglobinuria, don't give quinine by mouth, but give it by hypodermic injection or intravenously. At times it may be necessary to place a blister plaster over stomach and liver, and to give atropine or the tincture of belladonna for delirium, or to administer a combination of morphine and atropine.

A most excellent method of reducing the temperature in certain fevers is to place the ordinary kitchen kettle with boiling water under the blankets and steam your patient. In chronic cases the following is an excellent prescription of my own:

℞	Quinine sulph	ʒ ij
	Elixir vitriol	ʒ iss
	Aquæ	q.s. ℥iij

M. Sig.—Teaspoonful in glass of water three times a day.

Attention must sometimes be directed to the spleen, when it may be necessary to give some medicine which will contract this organ such as ergot. Also, some stimulating linament should be applied externally. In all cases of fever it is best to have a blood test, and the blood pressure ascertained, as well as analysis of the urine and feces, but do not stop for this in emergencies, but apply and give remedies at once. Often the symptoms will enable us to give a remedy and save the patient from death.

J. G. B. Bullock, M.D.

The Octavia, 1669 Columbia Road, Washington, D. C.

STOMACH, INTESTINAL OR PIN WORMS IN CHILDREN

Dr. W. E. Bridge, of Bonham, Texas, says: "At any time I suspect worms in any of the above forms, I give the following; am glad to say that I am never disappointed:

℞	Powd. santonin	gr. viij
	Fld. ext. podophyllum	ʒj
	Fld. ext. pink root	ʒiij
	Aromatic syrup rhubarb	q. s ℥iij

M. Sig.—Half to teaspoonful three times a day according to age.

AN ANTISEPTIC LUBRICANT

An antiseptic lubricant for use in gynecological work should be easily miscible with water, non-corrosive to instruments, and non-toxic. Such a lubricant is the following:

℞	Gum tragacanth	gr. xlv
	C. P. glycerin	ʒv
	Aq. rosæ	℥viss
	Oxycyanide of mercury	gr. iv

M. Keep in glass-stoppered jar.

LARYNGITIS

The following formula is suggested for laryngitis in Merck's Archives:

℞	Tinct. aconite	♏viij
	Syr. ipecac	ʒiss
	Tinct. opii camph	ʒiij
	Liq. potassi citrat	ad ℥ii

Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

AN EXCELLENT PRESCRIPTION FOR ITCHING, HEMORRHOIDS, PARASITIC, CUTANEOUS, AILMENTS, ETC.

℞ Acid carbolic ....ʒj
Ung. sulphur,.
Ung. hyd. nit.,.
Ung. zinc oxide.................. āā q. s.

M. Sig. Apply locally as required.

A. V. Banes, M.D.
St. Joseph, Mo.

FOR DIARRHEA—TONSILLITIS

Editor Medical Summary:

Here are a few prescriptions that are often of much value in general practice.

FOR DIARRHEA:

℞ Tinct. catechu comp.,
Tinct. opium camphorated,
Aromatic syrup rhubarb..............āā

M. Sig.—One teaspoonful every two hours.

GARGLE FOR TONSILLITIS:

℞ Fluid extract thuja ....ʒiv
Fld. ext. hydrastis.................ʒij.
Salicylic acid...................gr.xvj.
Apple vinegar.............q.s. ad. ℥iv.

M. Sig.—Use as a gargle when needed.

J. A. Burnett, M.D.
Hartshorne, Okla.

PALATABLE FLUID OXGALL

Editor Medical Summary:

It is an established fact that oxgall is a valuable remedy, and my experience has taught me that it pays to use medicine in a palatable form, for I find fully 95 per cent. of patients, expecially women and children, prefer medicine in fluid form. Here is a palatable fluid oxgall:

℞ Glycotauro mass (H. W. & Co.) ......gr. 48
Fld. ext. licorice.................... ʒiij
Dilute alcohol.................q.s. ad. ℥j

M. Make a clear solution. Ten minims of this equals one grain dose for child and a teaspoonful, of course, equals 6 grains, about the usual dose for an adult.

J. A. Burnett, M.D.
Hartshorne, Okla.

QUERY

Editor Medical Summary:

Will some of my medical brethren "cite" their best local treatment for psoriasis? And what is the cause? I have several cases, and do not seem to make much headway; as to text books, of which I have the latest and best, they do not throw any more light on the management of the disease than they knew forty-five years ago.

A. V. Banes, M.D.
St. Joseph, Mo.

The farmer curses the 'stagger weed,' that poisons his cattle, and then buys the same thing as digitalis brought from Germany.—*Bogart, Utah Med. Journal.*

Raeburn used emetine in phthisis, and found it valuable in reducing pulmonary congestion.—*Brit. Med. Jour.* Sounds good; not looking for specifics but for remedies to be applied rationally to morbid conditions.

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

CANCER. ITS CAUSE AND TREATMENT. By L. Duncan Bulkley, A.M., M.D., Senior Physician, The New York Skin and Cancer Hospital, etc. Paul B. Hoeber, Publisher. 69 East 59th St., New York City. 1915 Price, $1.50 net.

For years master minds in the medical profession have wrestled with the problem of the cause and proper treatment of cancer, but the results up to date have been almost infinitesimal—the progress made has been exceedingly slow. The subject is now one of the most momentous that faces the profession and a very large number, more than ever before, of our master minds are hard at work trying to solve these unlocked mysteries—we believe that some one will, in the near future, discover the cause and a remedy for this disease, which would certainly prove to be one of the greatest discoveries of modern times.

Among the most valuable contribution to the literature of this subject, is this book by Dr. Bulkley, in which the author has collected from literature and analyzed the evidence of the constitutional nature of cancer, and presents his own experience in its dietetic and medical treatment, during the past thirty years, with reports of cases, etc. This contribution to the solution of the cancer prohlem is most timely and no doubt will be appreciated and highly welcomed. The contents are in the form of lectures which the author delivered to physicians at the New York Skin and Cancer Hospital, and are presented under the following heads: Nature of Cancer; Frequency and Geographical Distribution of Cancer; Metabolism of Cancer; Relation of Diet to Cancer; Medical Treatment of Cancer; Clinical Considerations and Conclusions; Bibliography; Index. This is an up-to-date work on the subject of which it treats, and we can profit by its careful perusal and study.

THE TWELVE TISSUE REMEDIES OF SCHUSSLER. Comprising the Theory, Therapeutic Application, Materia Medica, and a complete Repertory of these Remedies, Homœopathically and Bio-Chemically considered. By William Boericke, M.D. and Willis A. Dewey, M.D. Fifth Edition. Rewritten and Enlarged. 450 pages. Boericke & Tafel, Publishers, Philadelphia. 1914. Cloth, $2.50 net.

This book, evidently, is the standard for all physicians who use the tissue remedies, which are said to be a complete therapy in themselves, and those who use them claim great success and say that they give satisfaction to patient and physician alike.

That this work has been in demand, is evidenced from the fact that four large editions have been sold in a comparatively short time. We have now before us a copy of the fifth edition, rewritten and enlarged. In the compilation of this edition, all the published data have been made use of, thoroughly sifted and critically examined. According to Schussler's theory, as we understand it, the cure, therapeutically, for every curable disease lies in one of these twelve remedies; if, however, they do not cover the whole therapy, they cover enough to make them invaluable, according to the claim of those who use them. According to an authority—"Pure Biochemistry, as Schussler taught it, is the system par excellence for the pathologist, or the pathological prescriber, for the man who can read what tissues are at fault; if he can read this the prescription is clear."

If one has the time and the inclination, this is a work worth while for perusal and careful study.

There is room for a little booklet on native drug plants, how to distinguish, collect, prepare for market, and preserve them.

Summary Gleanings

Don't overfeed your pneumonia patients. Gaseous distention adds greatly to their distress.

For the removal of freckles combine equal parts of glycerin and lactic acid as an application.

In varicose or indolent ulcers the application of pure carbolic acid followed by alcohol gives fine results.

Pure carbolic acid can be used upon any part of the body if immediately followed by its antidote alcohol.

When toothache is caused by decay of the structures, give the patient phosphate of iron and calcium salts internally.

Bryonia is invaluable in inflammatory conditions of the chest, pneumonia, bronchitis, pleurisy, etc., especially when accompanied by pain.

In the stiff neck, in lumbago, and in muscular rheumatism wherever located, cimicifuga is probably the best remedy we have, but salicylates are useful.

The latest suggestion for the treatment of arthritis of long standing and subject to acute exacerbations, is the use of hypodermic injections of emetine hydrochloride.

In angina pectoris see that the patient is supplied with amyl nitrite perles, or nitroglycerin granules. Pettey recommends sparteine sulphate for this condition.

That spondylotherapy is taken seriously by its practitioners is manifest by their determination of holding a convention at the forthcoming World's Fair at San Francisco.

Acute pain in the muscles of the back of the neck with pain in the occiput, muscular stiffness, pain increased by motion, give bryonia, gelsemium in full doses, and macrotys with application of heat.

It is stated that if the person suffering from aggravating tenesmus from any cause will lie with his head low, and his hips elevated by pillow or cushion, much of the distress will be relieved.

American hops, or huomulus lupulus, as well as lupulin, is of great value in the treatment of insomnia. It is a most valuable anaphrodisiac, useful in priapism and chordee. It also stimulates the appetite.

A 3 per cent. solution of carbolic acid containing 5 per cent. of tr. iodine—colorless—applied to any form of *open* cancer retards its growth and destroys the offensive odor and also, more or less, relieves the pain.

In urticaria, one dram of carbolic acid to a pint of water will give immediate relief of the itching. About four drams of boric acid and two ounces of alcohol added to above gives more positive results.

When pain or cough are prominent symptoms chloroform water affords an excellent anodyne and preservative. It is warming, and not unpleasant unless used too strong. A few drops of chloroform are sufficient to preserve a four-ounce mixture.

Don't give a general anesthetic for operations in the nose. You need a good light, and the patient's assistance in removing blood clots. Besides, the added dangers of an anesthetic, though slight, should be avoided. Cocaine, properly used, is sufficient for nearly all intranasal operations.

To make Thiersch's solution dissolve 16 grains of salicylic acid and 96 grains of boric acid in a pint of sterile water. This is used on mucous membranes, such as those of the mouth and eye, and it may be used wherever irrigation is employed for cleansing purpose.

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, Etc.
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R. H. ANDREWS, M.D., Editor & Proprietor
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Should be Proud of the Summary

April 14, 1915.

Editor Medical Summary:

You must be proud of the last (April number) of *The Summary;* it is immense, amazing and contains none of those prolix explanations too long to read; I certainly congratulate you and could not be without the Journal; I must read and consult it.

J. A. Ouimet, M. D.
Hull, Quebec, Canada.

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The Medical Summary, with its March issue, completes thirty-six years of publication. This is one of the best and brightest of our exchanges. Our dear friend, Dr. Andrews, has made a success of his journal, and we wish him all good luck for the future.

—"Southern Clinic" for April.

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A Monthly Journal of

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R. H. ANDREWS, M.D., **Editor and Publisher, 2321 Park Ave., Phila., Pa.**

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A FEW THINGS THAT COUNT

A great many elements of greater and lesser importance enter into that condition which makes a physician successful or unsuccessful. We leave out of consideration professional qualifications, for almost every doctor these days is presumed to possess the learning necessary in order to practice his profession successfully. Personality ranks very closely with professional ability. A good many second-rate physicians get on remarkably well by reason of their good nature, sympathetic ways and their attention to details. Pleasing manners based on a *bona fide* interest in a patient as an individual, and not simply as a "case," are always of paramount importance.

Seldom is a slovenly-appearing doctor successful. Personal neatness and good address count more with the feminine clientele than some matters of really greater importance. It is not the sedate, sagely-looking physician who wins confidence these days. The young doctor who thinks to impress people with his assiduously-cultivated bunch of chin whiskers fools no one but himself, although there are no valid objections to a man whose tastes run to whiskers.

As a rule it pays to make haste slowly, giving sufficient time to details. Every case with chronic phases should be carefully inquired into for obscure etiological factors. So much depends upon the patient's heredity, environment, temperament and social and business relationships. On being called to a case for the first time the inevitable "first impression" must be taken into account. The proper analyses and deductions should be judiciously reckoned but without consuming what the patient may consider too much time.

In these days of diffuse and general information the average patient is not favorably impressed by a recital of the doctor's successful exploits in similar cases. The successful practitioner does not pooh-pooh at subjective symptoms. It usually pays to let the patient tell his story and, in the language of the court, "in his own way." His own version of the case will give the astute practitioner some new angles and viewpoints that may prove worth while.

A CHEAP ICE BOX

Last summer *The Summary* published a plan for making a cheap ice box, as promulgated in a government health bulletin. Many poor families in cities and larger towns where there is a baby are furnished free ice during the heated season, but very often much of the ice is wasted because the family cannot afford an ice box or refrigerator. As this is a timely topic we here reproduce the plan for making an ice box at practically no expense.

Secure a wooden box about 18 inches square and 12 inches deep. Also two tin boxes—one about 11 inches square and 9 inches deep, the other 10 inches square and 9 inches deep. Cracker boxes answer the purpose well. Cut the bottom out of the larger box. Place three inches of sawdust in the wooden box. Put the larger bottomless box upon the layer of sawdust in the wooden box and fill the space between the boxes with sawdust. Fasten the pieces forming the lid of the wooden box together with cleats nailed on the outer surface. Cut a number of newspapers the size of the wooden box and nail them to the inner surface of the lid. Make hinges for the lid by tacking two hinges of leather to the front edge of the lid to catch on nails driven into that side of the box in order to hold the lid down tightly. The ice box is now ready for use. Into the smaller tin box may be placed a wire basket containing the milk bottles, surrounded with cracked ice. Place the smaller tin box inside the larger and close the lid. Each morning remove the inner box, pour out the water, clean and repack with ice. Keep the ice box in a cool, shady place. This ice box, if properly cared for and kept full of ice, will keep a day's supply of milk cool and sweet. A fireless cooker can be constructed much in the same manner.

AN OLD-TIME REMEDY

A nasty, homely, despised old remedy is the onion poultice. Most doctors think it their bounden duty to raise a howl of protest at the mere suggestion of the use of this old-timer. Still in selected cases of acute bronchitis, trachitis and choked up condition generally of the breathing apparatus nothing gives speedier results, especially in children.

MENTAL DEFICIENCY AND CRIME

During the past decade there have been no more startling achievements along any lines than those of psychology as applied to the individual as well as to his relationship to society. The Binet tests having for their purpose the standardizing of mentality have proved that perhaps a majority of crime in general, and nearly all petty crime in particular, is a result of mental deficiency. The Binet test is not an infallible guide to the mental status, but it does furnish a most valuable working basis. A recent examination of all the prisoners of a Kansas penal institution showed eighty per cent. of its inmates to be below normal. In other words, this percentage did not measure up to the mental alertness of that of a child twelve years of age. A defect who measures up to the twelve-year standard is a high-grade defective and belongs in the class now designated morons. Many mental incompetents have proven to possess only seven or eight-year mentality, while the bulk of such criminals subjected to these rigid psychological tests center about the ten-year status. It seems from the evidence of those who have delved deeply into this subject that the average mental age of delinquents is ten years. Of 300 prostitutes in jails and houses of correction who were subjected to tests of the greatest scrutiny only seventeen came up to the twelve-year standard, while all the others were below that mark.

The last statement is something to ponder over. Granted that grievous errors may have been committed in the examination, and granted furthermore that it is the most foolish ones who get in durance vile, yet there is evident a drift about the whole matter which goes to make us think that prostitution is more a mental disease than a crime *per se.* While there is nothing so positively demonstrable as the hereditary transmission of weak mental strains, yet moral profligacy seems to breed moral profligacy and perhaps in addition thereto a lowered mentality. It would be interesting if we could know the actual relationship between alcoholism and mental and moral delinquency. A matron of a home for fallen girls made the statement recently that every girl who came to her institution had a drunken father. Alcohol may have been a strong factor in causing such female delinquency. Again, the girls may have been actuated only by the same vicious strain which prompted the fathers to alcoholic debauchery. After all the perversities are all very much akin.

There is only one way of weeding out mental and moral delinquency, and that is by stopping the output. Weak mentality is a recessive trait while a normal brain is a dominant trait. The well-known law of Mendel is a valuable guide in determining what the progeny may be like. Two likes will in all probability produce like, especially if they are defectives. One normal and the mate abnormal may produce normal offspring, but the abnormal traits are prone to crop out farther along the family lineage. At the present time delinquency is said to be increasing, and for certain reasons. Formerly this class of individuals received little attention and their own peculiar manner of living tended toward self-extinction. Of recent years they are being cared for better and they are living longer and consequently producing more of their kind.

If the defective woman could be eliminated, so far as race-production is concerned, the problem would be almost solved. This class of women is two or three times more prolific than women of normal mentality. Unfortunately many female morons are of attractive face and figure and sometimes possess winning, demure ways that draw to them men of normal intelligence. The result is reproduction with or without marriage, the result upon posterity being as bad in one case as the other. The intent and purpose of eugenic laws is to weed out mental deficiency and thereby lessen crime, poverty, profligacy and the other ills that beset the race. Eugenics is still in the rough, and in some instances too much has been attempted. New and different ideas always shock us, but the reaction from the shock always does us good.

A FEW POINTS IN THE PRACTICE OF OBSTETRICS

The practice of obstetrics is attended by much that is calculated to try one's soul and make him prematurely old. Being an important and honorable branch of medicine it has its responsibilities. The accoucheur must be fortified with an abundant stock of patience and cultivate an understanding of human frailties as well as acquiring sufficient knowledge and skill of a subject that is so closely allied to human life and health.

In order to save wear-and-tear and unnecessary anxiety on the part of the physician himself, he should carefully study the prognosis and natural trend of cases that this knowledge may be made use of in subsequent cases. If one is capable of judging in a fair degree as to the probable length of time it will require for a given case to complete itself, the physician is relieved of the unpleasantness of staying constantly on the job, and other things may be attended to during the interim. If labor pains are now well initiated and doing effective work, the presence of the doctor too often has a hindering effect and besides he is expected to do things that are impossible if he "sticks around" too closely. On the other hand, if he absents himself too long he will find it to his everlasting discredit.

The successful obstetrician should be versatile, expedient, and ever ready to adapt himself to whatever exigency he may be confronted with. Different cases require different moods, methods and management. "Masterly activity" was at one time recommended as a prime virtue in the practice of obstetrics in cases in which it was supposed nature would successfully terminate the same. This should not be carried out to the extent of doing too little. The parturient woman likes to see her physician busy and if he utilizes all the resources he knows for facilitating and easing labor, he will earn her gratitude. There are a great many remedies and procedures of conservative character that will help labor along, provided the case be observed carefully and the right thing put into use. It should also always be borne in mind that the application of judicious psychology may help matters along considerably.

The obstetrician early in his career learns not to commit himself by talking too much or in making promises which may react upon him. It is always proper to be encouraging and optimistic, but general and non-committal. When a woman is told her labor will terminate in a given length of time and the prediction miscarries, she has not quite so much faith in her attendant. The man with the big obstetrical practice has sensible and conservative methods. Too much fussiness and frills do not appeal to the average woman.

He sees that his hands, his armamentarium, his patient and everything else concerned are as asceptic as he can make them, but he does not sterilize everything to death. He should not interfere to a meddlesome degree. There are physicians so obsessed with the idea of trying to sterilize the birth canal that after even normal labor they swab out the uterus with alcohol and carbolic acid in strong solution. This is "meddlesome midwifery" to a marked degree, for the tissues are robbed of their natural protective secretions. Ordinarily no douching or swabbing are indicated in normal cases until the lochia has ceased.

CONCENTRATION

Nothing is more important, and may be said to be indispensable. Concentration is absolutely necessary to the eminence and success of a professional man. He should make an effort to do one thing *well*. If he dissipates his attentions on several things, he will not accomplish great things in any, unless he should happen to be of exceptional and versatile capacities. Let other objects be pursued, but only so far as they may subserve their purpose in his equipment as a physician. To be sure a physician should be a man of general intelligence, but he must devote his principal study to his calling. We have known physicians of mediocre mental endowments make a great success by close attention to business; and on the other hand, we have known some who failed by not practicing application, studiousness, and devotion to their profession. The mind will only accomplish great things by *Concentration.*

OPPOSITION

A certain amount of opposition is a great stimulus, and helps to make a man, provided he has the energy and ambition necessary to overcome it! Kites rise against the wind. No man ever did his best without competition. Nothing is more enervating to a restless, aspiring man, than a dead calm! Opposition is what he needs to make him good for anything. If he cannot resist the storm of opposition, and lies down to ease, he will not only fail to accomplish anything worth while, but will surely be overlooked and forgotten. One who is appalled by strong opposition lacks the courage necessary to success. He will only win in the struggle by bracing himself. The writer recalls two instances where young medical men abandoned the profession because they lacked courage, confidence, industry and application.

SEPTIC SORE THROAT

Whether from follicular or suppurative tonsillitis, scarlet fever, or what not, a 10 per cent. solution of carbolic acid in glycerin as a swab is excellent. Iodine and alcohol are also good remedies.

THE MERRY MONTH

May is here. In the northern half of the United States May is the pleasantest month of the year. We would all live ten years longer —maybe—if it were "always May." Business is lighter now. We have more time to call our own. It's a good time to read and "post up" on those subjects wherein we need it. A little later when the torrid days come we will feel equal only to the daily paper and the magazines. We can all do more general reading with profit to ourselves.

DOCTOR, DO NOT SKIP THE "BUSINESS CHANCE" COLUMN

We have maintained a "Business Chance" column in *The Summary* for many years and while it has always been more or less popular with our readers, yet we feel as though the opportunities offered there, from time to time, were not recognized as they deserved to be. Every reader should carefully look the "Business Chance" columns over, as there is something new every month.

The salicylate of sodium in fifteen-grain doses every two hours is claimed to be an excellent remedy for a cold. It produces a sensation of warmth and good-feeling, and removes the sensation of aching and depression quickly. It is specific for "cold in the head," for the disagreeable symptoms of acute coryza. One dose in the early stages sometimes gives complete relief.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

WISE LEGISLATION SELDOM UNDERSTOOD BY THE LAITY

By J. A. De Armand, M. D.

Freak legislation is one of the unfortunate happenings in many of our legislatures at pretty much every session of some of them. That there is not backbone and horse sense in a good many of the governors accounts for the spread of the far from credible record of the gathering which is supposed to legislate for all the people and legislate well and wisely. Sometimes the reason for freak legislation is clear past finding out. Nobody seems to bear all the blame but in a good many cases it is due to two grievous mistakes in human calculation and human reasoning. In the first place thare is a natural willingness in a considerable portion of mankind to be revengeful to the point of being brutal. Otherwise law-abiding men will assemble and burn a man at the stake without a quiver and this often when actual provocation may not have occurred to a single citizen of the community. Such action is a distinct step backward at least a century in human progress and yet we read of its ocurrence almost daily. The second mistake of legislatures relates to a feeling akin to conviction that a law is what is wanted and they forthwith proceed to enact a law that has no possible chance of observance or if it has it lacks hearty endorsement and without a community of sentiment no law is worth while occupying space in the code of any state. Dead laws are bad. Far better no law than a bad or ignored law.

Of interest and special concern to medical men are the foregoing because few legislatures fail of having a sprinkling of medical men therein. These medical members can and should influence and control in a measure legislation concerning medical matters. I do not now refer to medical practice acts for they are seldom made by anybody and are best blamed like office neglects, upon "Charlie." A single illustration will suffice to illustrate what may happen and often does happen where a law is made that happens to offend people who do not understand the why and wherefore of the law.

In Iowa the legislature passed a law permitting under legal safe guards, the asexualization of habitual criminals and incurable insane. The law went to the supreme court post haste and is likely there at this writing. It being true that no guilty man welcomes the taut halter strap it naturally follows that a great many people rose on their hind legs and saw an abuse of personal liberty (personal liberty is a mighty heritage in Iowa anyway). And as may naturally be supposed not one in ten men you meet on the street has an intelligent idea of what asexualization means. To the average man it means anything awful and often reaches the extreme state wherein complete ablation comes nearest fitting the job. Now when you present that explanation of a law to a meeting called to damn capital and to demand a fair division of the wealth of the country together with an insistence that working hours be shortened and pay inincreased you have the elements of a scrap warranted to grow.

What was likely the design of the framers of the emasculation law? Simply and solely this: A confirmed criminal practically never gives his progeny a chance to be other than what he himself is, namely an enemy of society and a constant menace thereto. In such a school it is folly to look for other than criminals. Asexualization means a stopping of the large supply fount, and this without robbing the victims of one physical attribute that he values except it be because he knows he lacks it. Copulation and the love of the opposite sex are not interfered with in the least, just impregnation denied and that is all.

There are some objections to a law of this character and may be we could look at a few of them with profit. The aim of the asexualization law is to decrease if possible the influx of goats in the human fold. Another good way to limit the number a good many people believe would be to see that matrimony is not a chance game that can be indulged in by any lout who has the price and can pursuade a female to accompany him to the license bureau. Thank goodness the criminals are still in the minority in this country but the incompetents are in the majority or at least they are "present" and always voting. Eugenics is a word that has come into general usage and it pertains to the improvement of the kind. in this case the improvement of the human race. It has been tried and found all to the good in improving cattle, hogs, chickens and in fact always satisfactory but we are slow to put it into commission in improving that most in need of improvement of all the animals, the human family. For some reason not always easy or satisfactory of explanation a great many people have the idea, silly and altogether nonsensical notion that to meddle with procreation of the human family is interfering with God's work and therefore is very wrong .and that He will straighten these things out and all we have to do is to look sedate and be sedate, especially when anybody is looking. All this is volunteer and it does seem past belief that an intelligent people would hold fast to it for so long a time.

When a party of boys gather together and throw stones over a barn not caring who or what is on the other side we summon the police. When a couple of physical misfits gather together and are married we throw rice at them and in a dozen years we find the woman, prematurely old, bedraggled, and an invalid, the man a cast off or a derelict while the state has the product of the union herded up in some asylum. Is this an overdrawn picture? Doctors see the everlasting evil of our course in this matter and while we can't hope to convert the rabble to the need, yea, the necessity of curtailing the influx of pauperism and human weakness in the human tide we can tell the multitude as they go by and may be it will not avail in your life or mine it must come or the human family must fade from the earth. This being true opponents so the law of asexualization say that if the large stream is allowed to pour its physical misfits into the human stream why visit upon the unfortunate a stigma that carries with it degradation like as not preventing reformation of the individual.

Thus we see that in the great work of securing the greatest good to the greatest number the physicians have no insignificant part to play and it behoves those of the profession who do obtain membership in the legislative bodies to so aim to guide legislation as that as few short comings may find place in the accomplished work and that the work done may commend itself to the sober thought of the community. After all the people are right and aim to be right. When they know what asectualization means and what it attempts to accomplish there will be only the to-be-expected opposition, the opposition which will always be found and likely will find a weak voice to call for a delay when the call of doom is made.

Davenport, Iowa.

STUDY YOUR CASE

By George L. Servoss, M.D.

Within a short time a new lot of medical graduates will be turned out into the world. In many instances they will undoubtedly take the places of older men in the practice—men who have treated the sick with more or less success for a number of years. These young men are trained down to the minute in the making of proper diagnoses, in the understanding of things pathologic and those etiologic. They will see some error, either functional or organic, which we will overlook.

Thus it behooves we who left our alma mater many years ago, to give closer study of each case presenting. We cannot afford to guess at things, trying this, that or the other thing, as so many of us have in times past, with the hope that some remedy might possibly hit the mark.

Recently, a case has come under my observation, wherein a doctor of years' experience, and those largely successful, failed signally, both as to diagnosis and treatment and for the simple reason that he did not give sufficiently close study to either the condition or patient. Instead of making a close study, he, like many other men, instituted treatment at the first observation of the case. He did not get results, consequently the treat ment was changed. This change did not bring forth the anticipated termination, consequently another. As time went on, instead of clearing up matters, the doctor became puzzled and finally made a practical admission that he did not know what ailed the patient. She gave manifestations which were seemingly classic of Addison's disease, but he would not accept a diagnosis of that disease, either partially or as a finality. He said it might be Addison's disease, but it might not. He said he would treat her for a while for what he thought might be the complaint, and if that did no good he would then treat her for Addison's disease. This patient had pterygeri on both eyes, and these had progressed until they were covering the iris. She was having some headache and vertigo and at times suffered from syncope. The doctor would not admit that these were associated with tuberculosis of the suprarenals, but suggested that they might be due to her eye defects. This remains to be seen, as these have not been corrected, nor has she been placed under treatment for Addison's disease. I have said that this case had come under my observation. I will qualify this by saying that I have made no close examination of the patient, but only as a friend and not as her physician have I gotten any idea of her condition. I have seen, that insufficient time had been given to the study of the case.

With the educated young man of today coming into the field, we older fellows must go to our books more and more. Not only that, we must get new books and subscribe for more journals, if we would compete with the more highly educated youngsters of the profession. We must know, and that as absolutely as possible, the condition of every patient presenting. We will find the young man rarely, if ever, going by guess. He will know with what he has to contend, even though it may take days or weeks to verify his findings. He will not make any "snap diagnoses," but will go into the depths of every case presenting. He will not only rely upon objective and subjective symptoms, but will call in the laboratory to verify his diagnoses. And he will be in no very great hurry.

These conditions will apply especially to the chronic cases, or those running long courses, and if we are not careful the younger man will be discovering the cause and removing it. He will know when and when not to employ drug remedies, even though he may have a very meagre knowledge of therapeutics and those applied. He will undoubtedly cure some neurotic cases which we have been "doping" year in and year out, with but little if any results, and he will do it very largely without the use of medicines. Thus it behooves us to study this class of cases and determine whether or not psychic treatment is not more worth the while than drugs.

In order that we may study our cases more closely, we must curtail the number of patients treated. In other words, we must achieve good results, rather than a large practice. We must have the time to devote to the proper findings, and this we cannot do if we have only time for superficial examinations. The day of the big practice, in numbers, is doomed to disappear. Good work will be demanded by the public, and to this they are entitled. The "money-grubber" will give way to the physician who will give his patients careful and scientific attention. However, the doctor will not suffer because of such change. As the public realizes that the doctor is doing better work and getting more prompt as well as permanent results, the latter will be able to command greater fees. There will be fewer of that class of patients who drift from one doctor to another, as they will be better cared for by the first physician approached and there will be no necessity for them to go elsewhere.

This condition, when it arrives, will make a more brotherly lot of the medical profession as a whole. Not a single man will be overworked and all will have more or less to occupy their time, and every one of them will have more time for good study and recreation. There is absolutely nothing in the building up of a practice which is unwieldy. It does not afford the time for proper study of individual cases and, it drives the doctor to an early grave. A man had far better have ten patients, well treated, per day, than double that number not given proper study and care. Far better give each patient an hour, or more if necessary, than a few minutes. It is seen that the specialist who limits his number of patients to the number who may be properly studied and observed, does far better work than the general practitioner who works rapidly and in a hit-or-miss way. The latter way of working is one of the things which drives the patient to the specialist.

Curtail your practice, if necessary, but in all events give full and complete study to every patient presenting. You older men are undoubtedly better equipped to treat known cases, but you don't always know them.

Reno, Nevada.

THE CRISIS IS UPON US. SHALL WE MEET IT, OR DIE?

By J. G. Bulloch, M.D.

There seems little use to write upon the subject of the degenerative tendencies of the age, and to keep harping upon the fact that the old American families are dying out, for the reasons that we apparently do not care as to whether we become extinguished, or not, and furthermore that it is now apparently too late to stop the decimative tendencies of the times, and thus we discover that the crisis is upon us, and repeat and add to, shall we meet it or die, or rather, can we meet or avoid the disaster? While Patriotic Societies are endeavoring to promote a spirit of patriotism and are nobly endeavoring to make good citizens of the foreigner, and are having monuments erected to past and present heroes, and writing up family history, and while the D. A. R. squabble as to who shall be the next president general—the women of these organizations are seemingly content to let the race die out and are making no effort to induce our old families to arouse themselves from their lethargy and again have the "old home life" with the "bairns" around the fireside—in fact, both the women and the men of America seem quite content to give up our land to aliens. This seems a pity when, after struggling against the savage and disease, our ancestors and their descendents have made America what it is.

There must be some reason why this peculiar obsession in the minds of Americans has caused the present state of affairs. Our men and women of the past gloried in having large families, but now the women seem to prefer pleasure and excitement and either will not or cannot marry, and when they do enter into the state of matrimony appear not to desire to have children and seem unable to nurse them at the breast when they do have issue—then again, what are the causes that we are becoming less and less in number? The following reasons seem appropriate as to why we are retrograding and dying out:

1. Overwork.
2. Over-education.
3. Too much strenuosity.
4. Too much excitement.
5. Abolition of home life.
6. Love of pleasure.
7. Selfishness.
8. Indifference, apathy.
9. Decadence of the religious spirit.
10. Too many cults.

We will now briefly take up some of these headings and discuss each in its proper position.

1. OVERWORK: I read in one of the papers not long ago that a certain United States Senator did not consider that twelve hours was too long to make women and children work where a certain business required immediate attention, or something of the kind. Whether this quotation is right makes very little difference, for it is the infernal spirit bred of commericalism which would kill. maim and destroy the human race rather than lose the chance to get power, money and pleasure. If our young men are to be worked to death, our young women worn out by long hours of labor and our children for selfish ends placed in factories, then look out for a decadent race.

2. OVER-EDUCATION: That a well educated man or woman is a much more desirable companion is a self-evident fact, but is it really essential that either man or woman should be over-educated so that they become unfit for the ordinary duties of life? By making a woman go to college for years and years, do we not make her more delicate and subject her to physical degeneration and lay the basis for the engrafting of uterine troubles? Nay more—when we divert her mind to matters of which she perhaps, after all, does not take any special interest in, what good is accomplished?

If we overwork a woman or man, is not the tendency to go to the other extreme in excitement and thus between the two sap the vital energies? If we overwork a woman or educate her beyond the necessary bounds, do we not cause a degeneration of the reproductive organs? In this day we overdo in every way, and the mind seems to be so engrossed with pleasure, study and over-strenuosity, that actually the sexual instinct seems to be dying out, hence we can have no children when our organs are atrophied or diseased and when the fast life is in every way diverting our minds from home and kindred.

Too much strenosity, too much excitment, the abolition of the home and its life, the love of pleasure, intense selfishness, indifference and apathy and too much monotony in work are the causes of the decadence of the American, at least those of the cities. Then, too, many not now afraid of hell fire and having doubts about many things, are unquestionably abandoning religion, and those who would be religious are unquestionably kept back by the action of many who do belong to the church.

When a nation gives up religion and with it the home life, and simply acts the part of a Christian through fear, and with it all becomes so imbued with a love of pleasure, power and commercialism as to care not who falls by the way, then read the writing on the wall.

The various cults, too, seem to be unsettling the mind of man, and he hardly knows which road to follow in religion or in his endeavor to regain his health. Shall this state of affairs continue, or shall we, with one supreme effort, resolve to go back to the old religion, the old home, the old mother who gloried in her beautiful sons and daughters? Aye, go back to the God of Israel and serve Him not through fear or the desire of reward, but through love only.

Shall we, will we, resolve to save America; and when the ages have passed and an admixture of various nationalities has taken place, still see the influence of the Puritan and the Cavalier in this grand land?

The Octavia, 1669 Columbia Road,
Washington, D. C.

CIRCUMCISION

By J. A. Burnett, M.D.

Circumcision is an old operation, but its value is not as generally known as it should be. The Bible speaks of circumcision in many different places. It is an evident fact to all experienced physicians of the present day that if circumcision is not correctly done, that it may be necessary to perform another circumcision. This seems to have been known in ancient times, for in Josh. 5: 2, 3, we find: "At the time the Lord said unto Joshua, make thee sharp knives, and circumcise again the children of Israel the second time."

"And Joshua made him sharp knives, and circumcised the children of Israel at the hill of the foreskin."

In my opinion, circumcision is more important for children than adults. This seems to have been known long ago, and early circumcision has been practiced by the Jews for centuries.

I do not find any reference in the Bible to female circumcision, but it has been practiced for many years in different parts of the world. It is now an established fact by physicians who have devoted special attention to orificial surgery that female circumcision is as important or more important than male circumcision. In Dr. B. E. Dawson's "Orificial Surgery" (1912), E. H. Pratt, the founder of orificial surgery has a chapter on "Circumcision of Girls." If anyone will read even the first and second paragraphs in Dr. Pratt's chapter, they can see that female circumcision is really more important than male circumcision.

There is another chapter in this book on "Preputial Adhesions in Little Girls," by Dr. Elizabeth H. Muncie, which gives valuable information. I mention Dawson's "Orificial Surgery" because I meet so many physicians that have read little or nothing on female circumcision and most of them do not know where to find such literature.

Only a few days ago I received a letter from an old physician who had learned the value of female circumcision by an accident when he was a medical student. He had been doing the operation for several years with good results in a large number of conditions. He stated he had never been able to find any literature on the subject in any book or journal. There is quite a lot of literature on female circumcision scattered through various books and journals; still the average physician outside of orificial surgeons could not point out half a dozen articles on the subject. Personally, I am a strong believer in male and female circumcision in certain conditions. I fully believe that circumcision of both sexes is capable of preventing or assisting in the prevention and curing or assisting in a cure of more diseases and diseased conditions than any other one operation known in surgery. In many cases of reflex conditions caused by preputial adhesions, contractions, elongations or other abnormal conditions of the prepuce, circumcision is absolutely essential. In many cases in boys or girls, men or women, circumcision is necessary in aiding to bring about the condition suggested by the poet who said:

> "We often sing of the beautiful land
> As a land that is far away;
> But why not make it near at hand,
> And live in it every day."

Of course, circumcision is not a "cure-all," or as a rule the only treatment needed when it is indicated; other forms of treatment are most always needed in addition to circumcision. In some instances circumcision, like any other operation or mode of treatment, will fail to be of any value. We have no absolute methods of curing all cases, hence all treatment in some cases fails to do any good, and the patient either remains the same, gets worse, or goes down and passes to the great beyond through the "dark valley and shadow of death" and the earth "once more receives us and piously covers our remains with her bosom, thus admonishing us that as from it we came, so to it we must shortly return." But in all cases the patient, as the defendant in criminal court, should have the benefit of the doubt. In Dawson's "Orificial Surgery" Dr. J. W. Means has a chapter on "Constipation and Diarrhea as a Neurosis; Treatment from an Orificial Standpoint." In this chapter he says, "In cases of marasmus in children, clipping the foreskin often completely cures a long-standing diarrhea. In twenty-four operations for circumcision, at least 50 per cent. of these cases had diarrhea, all of which were cured."

In my opinion there are hundreds of children, both boys and girls, that die each summer with stomach and bowel troubles that could be easily saved by the treatment that was given in addition to circumcision. It is surprising why the value of circumcision and especially female circumcision is so little known. As some evidence that this subject is neglected I will quote one paragraph from Dr. B. E. Dawson's article on "Circumcision of Females," Medical Council, Feb., 1915:

"Not one physician in a hundred can distinguish a normal clitoris. They have neglected this organ. One physician of many years experience acknowledged that he had never seen a clitoris to recognize it. Only this week I saw a surgeon of ability, who had attended the great clinics in Europe, operate on a woman who is tabetic, where he removed piles from the rectum, and a portion of the coccyx. I could see at a glance that she needed circumcision, but he ignored this organ, also the other sexual organs. His patient will get but little permanent benefit from his work, which was badly needed, but not sufficient."

It is often hard for some people to understand the value of circumcision when a physician suggests the operation. Of course when a new form of treatment to the patient or parents of a child is suggested, as for instance circumcision for convulsions, nervousness, hysteria, bed-wetting, diarrhea, indigestion, retarded development in children stammering, idiocy, etc., they wish to know how such treatment aids the condition, and many of the intelligent class must be informed of such before they submit to the operation. "As the sun rules the day and the moon governs the night," so should the physician "with equal regularity endeavor to rule and govern the "knowledge of his patients who are in need of circumcision." False sympathy or ignorance often keep parents from having a child circumcised. I once knew of a case of a small boy with a prepuce so deformed that it interfered with urinating and caused the child to complain of the condition. The parents did not want him circumcised because the operation would hurt a little. This is what I call false sympathy or real ignorant reasoning. Any intelligent person could have seen what was best for this child; circumcision, with a few minutes of pain and the condition relieved, or suffer indefinitely from the deformity, not to mention the reflex conditions that in course of time may arise. Another case to illustrate the reasoning capacity of some parents and the qualification of some physicians. I will report the following:

Last summer a boy about two years old was brought to me for treatment. He was very cross, fretting and crying day and night, could not retain food or medicine. He had been treated two or three months by different physicians in reach. I prescribed, with directions for him to be brought back to me in a few days. At the second visit I examined the prepuce and found it adherent and contracted. I informed the mother and maternal grandmother that I considered circumcision essential and tried to explain my reasons for it the best I could. They talked of having it done, but kept putting it off and did not have it done as is the case with many people. I told them that I could prescribe as much medicine and in as big doses as any doctor that had been treating the child but that I did not think it would have any more effect than the other doctors' medicine. I tried to explain that it was not entirely a medical case and called their attention to the fact that they had given medical treatment a thorough trial in the hands of different prescribers. I asked if any of the various physicians had suggested circumcision, and they said not a single one. I then showed them some articles and pointed out the fact to them that many physicians having neglected the subject was the reason that they had not suggested it. After this I did not hear from the case any more for possibly a month until, the night before the child died I was called to see it. I found they had gone the rounds of all the local doctors again. The child was run down to almost a skeleton still crying, fretting, unable to hardly sleep or retain anything on its stomach. I was asked by the child's uncle if I thought it too late to operate, and I told him I thought so.

Two former physicians were called back to see the child within an hour or two after I left but one failed to respond. I heard the child finally had convulsions before death which further confirms my diagnosis of reflex condition and proved the necessity of circumcision. I find by experience that it is often harder to manage or control people, or in other words to get them to submit to what you think best to be done in some diseases than it is to cure the disease if allowed to do what was needed to be done. For instance, as an illustration in the case just reported. I feel sure I could have managed the child's case, but could not manage the parents. I am well satisfied that even circumcision alone would have saved the child's life if it had been done when I first advised it. Of course I stood alone in advocating the necessity of circumcision as essential in this case on account of the other physicians consulted not being informed on this important subject. If a consultation could have been held with some physician posted on orificial philosophy, we no doubt could have convinced the parents of the necessity of circumcision in this case and saved this little life. Here I will state that the object of this article is to bring attention to both male and female circumcision, and I hope that all physicians who happen to read this will look up the literature on the subject and thereby save many little patients that could not be saved by other means. And here I think it well to add a word of caution, and that is, do not undertake circumcision when a child is too far gone unless you know you can explain all so the parents will know the facts of the case. A child near death may die during the operation and the parents think the operation killed it. Do as I did in the case just reported—refuse to do the operation only in rare instances as above mentioned. Such a case as just reported looks horrible to a physician that understands the condition and it causes one to think many different things. Here comes to my mind a hymn from the Rev. Isaac Watts, D.D., who was born in 1674 and died in 1748:

Show pity, Lord: O Lord forgive;
Let a repenting rebel live:
Are not thy mercies large and free?
May not a sinner trust in thee?

Hartshorne, Okla.

TREATING THE MORPHINE HABITUE

A good many physicians have, as much by necessity as by choice, begun treating drug habitues since the new law went into effect. Dionin and scopolamine are being used as substitutes, although the former is a morphine derivative. The only difference is it doesn't read "morphine." Belladonna is a remedy that is pushed to effect. Its peculiar action upon the nervous system and its drying effect upon the mouth and other secretions seem to make it a valuable drug in lessening the craving for morphine. Strychnine is given for its supportive effects. The patient should munch apples frequently. It gives him something to do and the malic acid perhaps has a kindly action upon the secretions.

Large doses of bicarbonate given to counteract acidity, resulted in increase of body weight and general edema.—*Leavenson.*

THE DUTY OF THE PHYSICIAN

By W. M. Alter, M.D.

I have contended all through my professional career that the physician's duty consists as much in preventing disease and pain, and incidentally premature death and decay, as it consists in curing those who are sick. If we can prevent a disease from developing, we do good to the many, for by so doing we prevent the suffering of the individual, and the consequent mental wear and tear of wife and intimate friends; which care and loss of rest and sleep often brings them to the bed of sickness, and thus in many pathologic conditions creates a large pathogenic force from which mosquitoes, houseflies, and other insects may scatter the patho-toxins and cause, in many cases, the infection of numbers of others.

Yes, dear reader, prevention or prophylaxis is our Christian duty, as well as to heal and mitigate; and yet, while under the system in many cases, this course on the part of the doctor might be the cause for himself to wear poor clothes, half or less schooling for his children, and his family poorly dressed, and thus cause the doctor to be physically, morally and mentally sick. Poverty is not only a cause of disease, but also of crime; yet notwithstanding this gloomy and graphic view of the professional man's financial prospects, it is his Christian duty, if possible, to prevent all cases of sickness. Not only is this so with pathological conditions in general, but his Christian, philanthropic and patriotic duty as well points to the fact that he should stand guard over morals, the decline of which acts as a potent crimogenic factor. Thus it will be seen that with this in view, he is called upon to surrender some more of his prerogatives, and narrow down his pecuniary resources.

Now we possess prerogatives in the practice of tocology and gynecology, which every honest doctor knows gives us a great advantage over women's virtue. This I have called attention to previously in my articles that have been published. An honest and calm view of this matter will convince a large per cent. of conservative men that our prerogative in this field is the cause of the overthrow of female virtue, and it is quite easy to conceive the feature of this adultery generating custom of our manipulating the female organs of generation, both in gynecology and obstetrics, causing a woman to lose her moral equilibrium on account of the suggestions of the handling, whether the manipulator desires to gratify venereal desires or not. I am sure nymphomaniac phenomena are often developed, and the very thought of the doctor's hands touching these parts cause the passions to kindle up beyond the control of quite a per cent. of the victims, and often, under the touch of the accoucheur, clitoral erection and orgasms occur, even on the natal couch.

Following this line I deduce fron the facts a significant call to our duty, which is to retire from the practice of these branches, and restore the midwife to these duties. If we will look over the moral decline of womanhood in the past, we find it intimately associated with the overthrow of nations. Some of the most powerful of antiquity having succumbed to this rot of morals.

We should as physicians, in order to conserve the greatest interest of our nation, point out these dangers to our citizens who come to us for advice, often in relation to sexual and connubial matters, and at such times it would be our duty to warn mothers and fathers against allowing their daughter to ride astride of either horse or bicycle. A little thought ought to convince any doctor that owing to the relations brought about between the genitals and the saddle in this manner of female equestrian or bicycle trip will produce excitations, and while it is true the clitoral and pudendal irritation may make fees for us, yet it is our moral duty to like Christians warn them of the dangers, and thus often protect the chastity of American virginity against these dangers, and promote virtue among womankind.

The duties I have outlined here require an exalted manhood to carry out in a Christian-like spirit; but our profession owes it to American mothers and daughters to relegate the practice of female diseases and obstetrics to females trained for this work to teach people how to avoid disaster of any kind and build up the moral health, and eliminate from our profession its trust-like greed, such as is evidenced by organized medicine and surgery, and organize ourselves in a way to commend us as a useful factor in our political, religious and social structure.

England, Ark.

CONSERVATISM IN MEDICINE NOT A FASHION BUT A SATANIC CURSE; ALSO AN EXCUSE

By Theo. F. Johnson, M.D.

For the continuance of drones in the medical profession, the editor of *The Medical Summary* asserts that the conservative practice of medicine is becoming more and more the fashion now, and the day of large dosage is passing. The small doses, though oft repeated, is far more agreeable to the sick and accomplish more than heroic doses. When we old physicians look back to our early years, we wonder how the sick ever survived the nauseous and prodigious doses they used to have to gulp down.

The editor states that he remembers when a boy, he had to swallow the *nastiest* concoctions imaginable. He was cured, but he earned it, so he claims. I wonder if Brother Andrews realizes what conservatism has cost the medical profession (one opposed to hasty changes)? Great Jehovah has been exceedingly generous in allowing the medical profession to hold back for more than 95,000 centuries, with the lure and ruse of deceptious conservatism. Those opposed to hasty or too rapid change had better join the American Association of Progressive Medicine. because we members favor universal clean substances for therapeutics. Again the doctor recollects swallowing the *nastiest concoctions imaginable.* Does the eminent doctor truly know that we have not disposed of the Nastiest Substances, even today? Oh, no, I will wager that we have increased in large round numbers of the most horrid collections of the vilest list of so-called remedies, or medicines, that the world has ever known; for the last century and a quarter, or ever since the introduction of homoeopathy, talk about substances used one hundred years ago as a remedy or a medicine; why, they are too vile to mention. But, Brother Andrews; I am going to furnish you a list of 100 such as we Homeos use today and, if you have the character that you ought to possess, you will publish them, and ask the Legislature to provide a law for prohibiting the use of any unclean article, as I have done in our State. And as I am a homeopath, you may be sure that I have no use for anything but the best and cleanest for a remedy or a medicine.

Here is a Chinaman's prescription handed to one of our druggists the other day for cancer: "Pickled lizards, two pairs; Corea ginsing root, one-half ounce; willow cricket skins, half a dozen; rattlesnake tail, one-fourth ounce; sweet potato vine, one ounce; black dates, two ounces; red bark one and a half ounces; devil-fish suckers, three ounces; reindeer's horn (ground), one-half ounce; birds' claws, one-fourth ounce; lotus leaves, one-half ounce; white nuts, one-half ounce; dried ginger, one-fourth ounce; coffin nails (old ones), five ounces. Boil the whole in two quarts of water, drink two spoonfuls a day, and make a paste with the solution and powdered rat's flesh, and apply to the sore."

The Chinaman must have been a regular orthodox, eclectic, or a Thomsonian; and yet the dose is very much like homeopathy, providing he did not use up all the concoction to make his paste with. Isn't it about time for us if we wish to record a page in the history of medicine to forsake conservatism in the 20th century of modern universal medicine? Yes and do a real true stunt, in favor of clean substances only for a remedy or a medicine of the future. Cleanliness is next to godliness, and let us get the habit quickly.

For now is the time and here is the place, to condemn and curse all Unclean Articles to eternal oblivion; here is ample opportunity to observe during this century one important subject, that all humanity has been allowed to run riot through the vast vistas of Father Time's records without the careful discrimination in the selection of only Clean Substances for Future Universal Therapeutic. Curatives.

For we have them to the number of over 5000, to be found in our Materia Medicas. And they are worthy of the confidence placed in them by about 20,000 followers of Samuel Hahnemann. Regardless of the silly nihilists or Kate Wiggin's Perfidious Soliloquy—"To cure is the voice of the past; to prevent. the divine whisper of today." Such cantharis cant or polecat logic is stifling stench, and far from divine origin, but of a Satanic sulphurous style not wholesome to a thinking medical student of the present time. But dwarfed ignorance, belonging to the atrophied class of pseudo-scientific imbeciles, or an old maid; with Elbert Hubbard's definition: A lady of uncertain age and uneasy virtue. Many an educated fool born any time within the last two hundred years, has sown broadcast those fatal falsehoods, sure evidence of senile decay, dry rot, gangrene of the mental faculties. There is an old adage: As ye sow so shall you reap. As ye think a thing, so shall it become even so. Also if you know a truth, utter it. If you possess a knowledge of your subject, you need have no fear of failure.

A mere assertion or a guess or a prophecy is not positive knowledge! I care not who cries it to the world; whether it spring from a studious rural pedagogue, or a driveling, spurting leaking causticum misfit, or an eminent sage of world renown. Just the cue we need and want at this present moment, is some one with a message of truth worthy of the attention of both the medical profession and the common people. A subject the 475,000 generations have gone to eternity without; the one all-important topic that made it possible for feeble poets, and numbskulls of the medical profession to be unable to furnish a practical system of Clean Therapeutics, or a method of scientific medicine equal or superior to the one we possess today.

We have a sane conception of what modern universal therapeutics should be, for which we feel grateful, and this criterion will revolutionize and rule all future medicine. There never was an equal. There never will be a superior. This is the period, and America is the place, to worship at the shrine of Clean Substances for All Future Therapeutics. This is a declaration announcing a decree from the highest authority, that of decent intelligence in the cautious selection of medicinal curatives; and it is direct in the line of progress and advancement and achievement; also in the trend of unrefutable facts, along the highway of truth and wisdom without a rival, or the chance or a claim of priority.

Where is the substitute, or the counterfeit, that is equal to the original genuine high standardization that I place upon future therapeutics? Don't talk conservatism in medicine, nor about preventive medicine, or the divine whisper of today. It is conclusive evidence that Dr. Wm. Todd Helmuth, had the correct version about the origin of medicine.

'Tis true, the snake aroused the curiosity,
  And gave to Eve the apple fair and bright;
She ate, and with a fatal generosity
  Inveigled Adam to a luscious bite.
That from that time disease and suffering came,
  Doctors were called upon to cure the evil;
The art of healing, then, with all its fame,
  Was at first developed by the devil.

Medicine thus stands coevil with the sinning
  Of Mother Eve, fair creature, though quite human,
While noble surgery had its beginning
  In Paradise before there was a woman.
The facts are patent, and we all agree
  'Twas Satan laid on man the direful rod;
That doctors are the devil's progeny,
  While surgeons come directly down from God!

The slogan with the business world is: Safety First. Let our motto be: Clean Substances First and Last and Always for Therapeutics for the Sick. This should be a badge for the physician, and it admonishes only Clean Substances for Therapeutics. What think you? Can you escape so great a duty?

1409-11 Second Street, Perry, Iowa.

FRAXINUS AMERICANA

By J. A. Burnett, M.D.

American ash and white ash are the common names of fraxinus Americana. This is a forest tree; it is a native of Canada and the Eastern United States. The bark is the part used in medicine. Some claim that the bark of the roots and inner bark of the trunk are those utilized.

As this is one of our native remedies, it deserves due consideration, because it is also plentiful and the price is within the reach of all, which is another important consideration; it is a non-toxic agent; the dose of the fluid extract is from five drops to one dram. In small doses it is tonic, astringent and a decided alterative; while in large doses it is an active purgative.

Fraxinus was introduced some years ago by Dr. C. P. Turner, as a remedy for many forms of uterine diseases. One writer in speaking of Dr. Turner's introduction states:

"This author advocates the theory that many uterine difficulties have as their foundation, pathological plethora of the uterus; the plethora diminishes the cavity of the uterus by inward pressure and lessens the calibre of the cervical canal; hence, amenorrhea or dysmenorrhea. White ash, according to Dr. Turner, attacks the benumbed or torpid vasomotor nerve system, arouses it to new vitality, acts mildly but persistently in its secondary effects upon the absorbents, thus gradually reducing the size of the engorged uterus, and bringing it back to its normal condition."

The author gives the dose of the fluid extract of white ash, one-half to four fluid drams; and, the dose of the wine of white ash, a dessert spoonful, and upward. To prepare the wine extemporaneously, take the fluid extract of white ash as follows:

℞.	Fluid extract white ash	℥xj
	Sherry wine	℥xxix

M. Sig.—A dessertspoonful.

Fraxinus is a mild, persistent, stimulating tonic and alterative, influencing chiefly the digestive apparatus. When given in combination with sabbatia angularis, its tonic properties are increased, and when given in combination with iris versicolor, echinacea, etc., its alterative qualities are increased. It is a remedy for dyspepsia, general debility and cachexia. In dyspepsia, it can be combined with such remedies as calumba, chirata, etc. The mucous membranes and all the secernents feel its effects; it improves the secretion and has a special influence upon the chylopoietic viscera; the liver is also influenced by this agent both in the secretion of bile and in its secretion from the gall cyst. In these conditions it can be combined with such agents as podophyllum. euonymus, juglans, leptandra, etc.

Fraxinus is of value in chronic jaundice, chronic biliousness, chronic hepatic congestion and general hepatic torpor; also skin eruptions arising from the above affections, which makes it of great value in the Southern States, where we always have more or less biliousness in most cases. In malaria, a good remedy would be a combination of fraxinus and alstonia constricta, or fraxinus and sabbatia angularis. Fraxinus increases the flow of urine and cleanses and tones the urinary tract. With hepatics and diuretics it is of value in dropsy.

In speaking of this agent, Dr. T. J. Lyle says: "It is a slow, steady cleansing and toning agent to the whole system. Its steady persistent toning influence makes this remedy very valuable in its influence on the kidneys. The nervous system also feels its influence and it is of much importance in the treatment of insanity. It depurates the whole system and tones and strengthens the sympathetic, cerebral and spinal nerves. In hysteria, hypochondria, cholemia and uremia, there are but few medicines that will do better work." Dr. Lyle states that the following forms a preparation excellent in chronic biliousness, jaundice, habitual constipation, hypochondria, anemia, chlorosis and insanity:

℞.	Fraxinus	6 parts
	Aralia hispida	3 parts
	Gentiana	2 parts
	Taraxicum	4 parts
	Xanthoxylum frax. cort	1 parts

He does not mention the dose of the compound which, of course, could be regulated to produce the desired effect. Dr. Lyle also states: "It forms a good addition to cough syrups for chronic coughs when there are bilious conditions to be met."

In speaking of fraxinus, Dr. V. L. Bell, says: "It is indicated by heavy dragging sensation in the lower abdomen, as if the womb would fall out, with pain in the top of the head and down the thighs. There is a circumscribed spot on the top of the head which feels hot, over which there is a noticeable hardness or stiffness of the hair. It is also indicated when the womb is large, heavy, soft and doughy, a slight touch causes sharp pain; in subinvolution the womb being soft and baggy; irregular lochial discharge or irregular menses; constant headache with soreness on top of the head; uterine tumors of quick growth; uterine hypertrophy and enlarged cervix. Liberal doses of from 20 to 30 drops should be administered."

All physicians doing general practice and those devoting special attention to medical gynecology should study fraxinus Americana as it will often be needed.

Hartshorne, Okla.

Compared with iodine, even in watery solution, alcohol is not antiseptic at all.—*Comstock*, *N. Y. Med. Journal.*

THE MOST FREQUENT CRYSTAL IN TWO HUNDRED AND FORTY-THREE URINARY EXAMINATIONS.

By John C. Warbrick, M.D.

In making an examination of the urinary sediment of any specimen of urine for va ious things, one will be almost certain to find in many examinations that some crystals occur much more frequently than others. This of course, is only to be expected on account of the variety of conditions that affect the human body, and from the fact that the metabolism of the tissues is carried on better in some than in others due to the amount of intake of both solids and liquids more or less along with its proper chemical conversion in the alimentary canal or not.

An overtaxed nervous system from overwork or worry along with over-eating, sedentary habits and little exercise tends to affect the metabolism of the tissues and cause functional derangement of the organs. Thus we might expect to find in the sediment of the urine crystals of lime oxalate or phosphate. In dyspepsia or in catarrhal conditions we may expect to find excess of urates which give a brick red deposit and muddy the urine a good deal. Where excess of animal food is taken from tissue to tissue with deficient action of the skin and sedentary habits, crystals of uric acid may be found. These do not muddy the urine.

In order to find just what crystal occured the most frequent in a large number of examinations of the urine, representing all classes of cases, about two hundred and forty-three specimens were taken into consideration. The sediment of the urine was examined carefully in each instance and the kind of crystals found were tabulated with the following results:

Uric acid crystals were found in excess of any other kind; in fact, the number of times they were found equalled that of all the others put together. They were found to the number of 121 times, but they were not always pure crystals of uric acid, but often amorphous colored crystals classed as such.

The crystals of lime oxalate were noted 86 times, with phosphate of lime 5 times. Urate of soda totalled up to the number 16, and urate of ammonia only 4 times. Urates or litrates were few in number and occured only 6 times. Triple phosphate of the fern leaf variety were found only 5 times.

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BYGONE DAYS

By D. L. Field, M. D.

"Of all sad words, of tongue or pen,
The saddest are these,—it might have been!"

Who has not, when he has reached the age of the "sear and yellow leaf," looked back into the long and dim vista of the past, to reflect, whether as a physician he did his best in trying to heal the sick? Did he always give the sick the benefit of his knowledge and skill; or was he remiss in not keeping abreast of the steady progress of the science of medicine?

When the crepe was hung on the door of a patient, have we not felt that maybe if we had pursued a different treatment, the result would perhaps have been recovery instead of a fatal issue?

Then we would resolve to be more careful the next time we encounter a serious case; and that we will surely call in a consultant early, if for no other reason but that the responsibility might be divided! Then again, we are apt to reproach ourselves that maybe the diagnosis was either incorrect, or that we were too long making it! Who has not had cases recover, where his prognosis was gloomy; and had cases where the prognosis was favorable, but in which we were disappointed by a fatal turn? In fifty years practice, a physician will accuse himself; meet all sorts of ups and downs; be troubled with uncertainty, anxiety, embarrassment, worry, solicitude and regrets. If he is not alert, attentive, interested, and keeps his patient well in hand, and studies to inspire confidence, his treatment will come short, often, of accomplishing the good he expected. The physician can only inspire faith and co-operation by being honest in his ministrations. Never promise a cure of any ill; but in all grave cases, conceal nothing from those who are related and feel an anxiety as to the nature, and probability of recovery of the sick. The truth should be told, so that preparation can be made for any event; and especially it should be early enough to afford time for disposing of property while yet in sound mental condition?

Jeffersonville, Ind.

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

STRICTURE OF THE URETHRA

The following is a synopsis of a clinical lecture, given by Henry H. Morton, M.D., F.A.C.S., in the Long Island College Hospital, and published in the April number of the *Medical Times* of New York.

Soft or recent strictures should be absorbed by gradual dilation; old firm dense strictures must be cut to be cured.

The urethra is divided into two regions.

I. From meatus to peno-scrotal junction.

II. From peno-scrotal junction to prostatic urethra.

Internal urethrotomy is the operation for strictures of region I, external urethrotomy for region II.

Indications for internal urethrotomy are:

1. Fibrous or non-dilatable strictures.
2. Resilient strictures which spring back like a rubber band.
3. Irritable strictures.
4. Where chill and fever follow passage of sound.

The operation is performed by the Otis urethrotome, except in very tight strictures where the Maissonneuve instrument is used.

After treatment consists in keeping patient in bed for several days and urotropin internally.

Mortality 1-2% from hemorrhage, infiltration of urine followed by sepsis, or urosepsis resulting from pyelonephritis.

External urethrotomy for strictures of region II as performed with and without a guide are described.

Bladder drainage is important to keep urine off freshly cut surfaces. Hemorrhage is controlled by packnig around perineal tube.

Indications for external urethrotomy are:

1. A tough fibrous stricture.
2. Impassible stricture with retention of urine.
3. Rupture of urethra.
4. Urinary infiltration.
5. Traumatic stricture.
6. Resilient strictures which rapidly contract.

After any operation Sounds should be passed at regular intervals for years, often often throughout entire life at regular intervals to prevent recontraction.

A DEPENDABLE COUGH MIXTURE FOR INFANTS

In writing a prescription for a cough mixture for an infant you can use syrup of lactucarium instead of an opiate. It is a favorite with many practitioners for this purpose. It is a mild narcotic, antispasmodic and diuretic. It is not attended with danger in administration to children. The syrup should be used in giving the drug to infants—the fluid extract for adults. Ten minims to a half dram of the syrup can be safely administered to an infant a year old. It is often combined with ipecac. The following is a favorite formula:

℞	Syrup lactucarium	ʒij
	Spirit nitrous ether	ʒj
	Syr. ipecac	℥ss
	Syr. tolu	℥ss
	Aqua	q.s. ad ℥iij

M. Sig.—Teaspoonful every two or three hours. This is the dose for a child one to two years old. This is an excellent cough mixture for infants.—*Therapeutic Record.*

PREVENTION AND CURE OF MALNUTRITION

Malnutrition may be prevented by the proper nourishment of the child, both at home and at school, by sufficient periods of rest, pure air, sunlight and frequent bathing.

Moreover, the school should supply the lessons which might be taught to the parent as well as to the child on the science of efficient purchase and preparation of foods for family use.

Since there are many children who are ill-nourished, and whose homes are not likely to conduce to an improvement in this direction, it is certainly desirable to inaugurate the service of hot food so that these children may not be deprived of the means wherewith to grow strong because their parents are either incapable of providing the same, or are indifferent and neglectful.—*Bulletin, Dept. of Health, N. Y. City.*

NATIONAL EFFORT TO IMPROVE TEACHING ON CONSUMPTION AND TO HELP FAMILY DOCTORS

For the purpose of securing more co-operation from physicians and nurses in the anti-tuberculosis campaign, The National Association for the Study and Prevention of Tuberculosis has inaugurated a movement to bring the importance of this subject to the attention of these two groups, according to an announcement made from headquarters recently.

Among the first things which the Association is trying to do is to induce the medical colleges and schools of nursing to give more instruction, particularly of a clinical nature, on tuberculosis. An effort will be made also to reach the individual practitioners and nurses by special booklets prepared for this purpose. The clinical and other facilities of the various organizations affiliated with the National Association will so far as possible be made available for the widest possible use in training doctors and nurses in tuberculosis work.

"The object of this campaign," says Dr. Charles J. Hatfield, Executive Secretary of the National Association, in making the announcement, "is primarily to secure more accurate and earlier diagnosis of tuberculosis on the part of physicians and to show nurses the great opportunities of service in the home care of consumptives. We shall also be able to put the average family physician in touch with the best methods of treating tuberculosis and with the most recent literature on that subject, thereby affording to the general public increased protection from this disease. Practically all of the medical colleges and schools of nursing of the country have expressed their appróval of our plan and have offered to co-operate with us. While the medical profession generally has unselfishly assisted the nation-wide campaign against this disease, we feel because of its prevalence, tuberculosis should be given special attention by medical students and practicing physicians everywhere. No other single disease demands so much time and attention from the general practitioner in medicine. We shall try to make it easy for any doctor or nurse to acquire a specialized knowledge of tuberculosis."

SULPHUR IN "RHEUMATISM"

In a recent issue of *The New York Medical Journal*, Dr. Chas. P. Bolles says:

"In your issue for March 13th, you refer editorially to the use of sulphur in 'rheumatism.' I have never used it in this connection, but have found it a most valuable drug in certain intestinal diseases. At the suggestion of Dr. C. W. Stiles, I have been using sulphur in dysentery (not amebic) and find that it acts well. Many cases of chronic dysentery due to Trichomonas, which are usually diagnosed as bowel consumption, will respond nicely to a course of sulphur.

I use it in capsules combined with an equal portion of sugar of milk, giving about one dram of the mixture every twenty-four hours."

BRAIN FAG

Many persons who have concentrated their minds intensely and for a prolonged period, frequently working day and night, may fall into a state of mental fatuity. The brain has been over-worked, and if it is given a rest and the cause removed, it will be restored to normal condition. Persons who are fatiguing their brains are apt to resort to stimulants or nerve sedatives to prevent brain-fag and its consequences; active business men, who have constant vigilance, application and worry, are very much tempted to use "dope," or spirituous liquors. The nervous exhaustion demands rest, and not artificial restoratives.

There is no reasonable doubt, but that prolonged, unremitting application of the intellect on one point is liable to result in insanity. Take for instance, Johnson's "Rasselas," where a philosopher studying astronomy shut himself up, allowing no society, recreation, or rest, but being so completely and intensely abstracted on the one point, that he finally became possessed of the conceit that he had the command of the heavens.

Now, as old age approaches, it is important to see to it that no brain work should go to that point which may compromise the integrity of the mind, or rather endanger it, as by so doing there is danger of imbecility. There are too many who consider that their brains need as much rest as the body. There are numberless instances of premature mental decay, and nervous wrecks. The great financiers, and men of immense wealth, like Rockafeller and Carnegie, who have long ago turned over the management of their business to younger men, have for years taken brain rest and such recreation as tends to physical well-being. They are wise.

FOR WHOOPING COUGH

The following prescription is used in whooping cough by M. S. Simpson:

℞	Antipyrin	gr. xvj
	Sodium bromide	ʒj
	Syr. rub. idæus	ʒv
	Water	ad ℥ij

M. Sig.—Teaspoonful every two hours. For a two-year-old patient.

POTASSIUM PERMANGANATE IN GENITO-URINARY PRACTICE

According to Ravogli (*Am. Jour. Surg.*) potassium permanganate is an excellent and powerful urinary antiseptic. It is a powerful oxidizing agent because of the ready disengagement, in the presence of oxidizable matters, of a portion of the oxygen of the permanganic acid. By this property it promptly destroys fetor and putrid materials. In solution of from 1 to 5000, to 1 to 3000, it has a light claret wine color. When injected in these strengths into the bladder and the posterior urethra it is soon changed and is expelled as a grayish dirty fluid. The mucopurulent secretion is coagulated and is expelled as masses of dirty brownish strings. A mild solution of potassium permanganate has been found the most effective to combat infections of any kind. Formaldehyde in solution from 1 to 1000, to 1 to 500, is frequently used for irrigations with good results.—*Med. Standard.*

CONSTIPATION

If there has been any subject more written about than another, it is constipation. It is worn to a frazzle, and yet there is not much to be said that is new, or will have any effect upon the trouble. The fact of the matter is, that it is almost impossible to get the constipated individuals to diet themselves; namely, to live on cooked apples, prunes, peaches, cereals, corn bread, graham bread, etc., etc. They eat food which is not only hard to digest, but is sure to cause intestinal torpor. They will swallow pills, salts, oils—anything, rather than confine their diet to such food as will keep the contents of the bowels soluble and easy of expulsion.

If it is not impossible to get them to use proper diet, we would recommend: Triturates of belladonna, aloin, strychnine, and cascarin; one to be taken at bedtime.

THE EYES

The azure of the sky and the verdure of the fields are the colors to which the organ of vision is naturally adapted and which it will endure with the most ease. The flame of a good lamp is better than the flare of gas. Gas is intermittent and flickering, which produces constant contractions and dilatations of the pupils, which taxes the eyes injuriously. The only way to overcome such results is to conduct gas to a stand, and shade the eyes. By placing light blue tissue paper around the light the deficiency of the soft violet rays, so comfortable to the eyes, will be overcome. By allowing it to pass through a bluish medium, it approaches nearer the light of day. Let your eyes alone; have soft light rays; and they may serve you all your days.

If light is in excess, diminish it; if insufficient, increase it. Don't strain them! Better wear shades.

CHLOROSIS

In chlorosis Dr. Bram employs the carbonate, lactate or arsenate—also the citrate of iron hypodermically. The following is his favorite prescription:

℞ Ferri lactatis	gr. ij
Calcii sulphidi	gr.¼
Ext. nucis vomicae	gr.⅙
Ext. rhamni pursh	gr.¼

M. Sig.—In pill or capsule after each meal. In these cases regulation of sleep, exercise, clothing, etc., are necessary with plenty of sunshine, good nourishing food and cheerful company.

In the secondary anemias Dr. Bram uses little iron, if the appetite and digestion are good, depending whoolly upon hygienic and dietetic measures for the restoration of the blood to its proper balance. If appetite is poor and anemia quite marked the hypodermic iron or the following pill may be employed:

℞ Ferri arsenitas	gr.$\frac{1}{10}$
Ichthyol	gr.ij
Ext. nucis vomicæ	gr.¼

Dr. Bram has found iron only of limited and temporary value in pernicious anemia. He uses it in nephritis only when anemia is a marked symptom, in which case Basham's mixture is preferred. When anemia is slight and constipation marked iron is contraindicated.

Iron should not be used, Dr. Bram says, in the absence of anemia (where the hemoglobin is above 80 per cent.) and in the presence of constipation except in combination with a laxative. The most troublesome symptoms produced by iron are constipation and headache. These may be obviated or overcome by using the phosphate, pyrophosphate or citrate or iron; the use of minute doses rather than large ones; the avoidance of too prolonged administration of the drug; and by combining the iron with cascara, phenolphthalein of nux vomica.

The tincture of the chloride of iron and Monsell's solution are to be preferred in the treatment of throat conditions and hemorrhage, particularly epistaxis and hematemesis.—*Med. Standard.*

BUTTERMILK AS A FOOD

There is no doubt that buttermilk is a very important food, and the probabilities are that to one who has been overeating and finds it necessary to relieve the stomach for a time, the use of buttermilk will satisfy the hunger thoroughly for several days, and accomplish all the results of a complete fast.

But buttermilk made by artificial processes is by no means as satisfactory as that made by the usual churning process. A writer in the *J. A. M. A.* says that there are small glass churns on the market that will hold from one to four quarts, and if one would take whole milk, allow it to sour and thicken in a warm room for twenty-four hours, and then churn it in one of these little churns from five to eight minutes, he will have after removing the small amount of butter that accumalates, a perfect specimen of natural buttermilk, which is palatable and much superior to the artificial product.

TREATMENT OF PNEUMONIA IN CHILDREN

H. W. Dana prescribes the following mixture for an eighteen-months-old baby:

℞ Ammonium chloride	ʒj
Syr. ipecac	ʒiss
Tinct. belladonna	ʒj
Fld. ext. licorice	ʒvss

M. Sig.—Give eight drops in a teaspoonful of boiled water every two hours.—*Boston Medical and Surgical Journal.*

ANTIPRURITIC POWDER

℞ Camphor	ʒss
Zinc powder—two drams	ʒij
Starch—four drams	ʒiv

"I see this medicine is good for man or beast."

"Yes," said the druggist.

"Gimme a bottle. I believe it's the thing for my husband."

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

STRANGULATED HERNIA—HOW TO REDUCE

Editor Medical Summary:

I want to write a short piece telling your readers how I treat "so-called strangulated hernia," or what is called irreducible hernia. Let me say to you that in all my experience I have never seen a case I could not reduce by my method. I have had several cases that I know I could not have reduced without my method. Send for a surgeon? No. I reduce them all. I heard an old physician say that he had been called in many cases in consultation where it was thought the surgeon was needed immediately and he always requested that they allow him twelve hours in which to work before having an operation performed and that in thirty years he had not failed to reduce one of the so-called irreducible hernias. I have tried it. "I am from Missouri" when it comes to assertions of this kind. Your patient comes to you complaining of pain and a large swelling which he tells you he has been reducing, but this time he is helpless to get it back. He may have hiccough then. He may present a bad picture to your mind. What are you to do? Try to reduce it by taxis? Yes. But suppose you work in every way you know for an hour or so and you find yourself where you started? What next? Surgeon? No. Give him ¼ gr. morphine sulph., with 1/150 atropine sulph., hypodermatically—wait a half hour and ask him how he feels, and if not pretty drowsy, give an eighth of a grain of morphine hypodermatically. Wait a half hour and he should be getting a little drowsy. Now, give two grains of powdered opium every two hours till you can hear him snore loudly. Have him where you can see him. Keep him in your office or where you can see him for the next twelve hours and give him the opium till he is relaxed from head to foot and is perspiring. Do not be afraid of it, just give it right along till you get the effect—full effect. Let the patient sleep for several hours. Try to reduce it by taxis when he is thoroughly under the influence of the opium, but if it does not go back just push the opium and leave off taxis for several hours, say during the night, when by next morning you will be surprised when you will reduce it with a gurgling sound in a few minutes. Then apply a truss of the best make and instruct him to be careful in the future about going without it unless he desires an operation for radical cure. Advise this after he is placed right. Be master of the situation. Opium to the full effect will do the work but if you are going to give it in half doses I cannot say how you will come out. I must say I felt some degree of uneasiness when I first began to use opium to full effect in this condition, but experience confirms the old doctor's idea. I write this to try to aid my brother practitioners, and not in any way to rob the surgeon of a case. Surgeons reading this will disagree, as I have heard them on the floor of medical meetings when the question is up for discussion, but it works all the same. I am not telling you anything new about position or taxis as you are familiar with all this. The same positions and manipulations that fail utterly without the opium to full effect will reduce your hernia in twelve hours.

F. L. Bott, M.D.

Lexington, Miss.

Many a man thinks he is old, and played out, and tired of the world and all it contains, when he is merely lazy or lonely.

The study of the clinical action of the single drug is the true method of drug study.—*Ellingwood.*

EARACHE

Editor Medical Summary:

After running the gamut of remedies suggested by the wisest and most skillful authorities, I have discarded all other remedial agents, simply because I have found that no other agent comes near approaching in efficiency the instillation of methyl salicylate. The method of treatment is as follows:

It is used in combination with glycerin which will meet the exacting requirements of scientific pharmacy if the oil wintergreen is thoroughly triturated with the glycerin; otherwise the immiscible condition of the prescription will shock, nigh unto death, critical pharmacists; at any rate no matter whether the mixture be a perfect blend or not, earache sufferers will rise from their beds of suffering, if it is used for their relief, and will call the one who originated the formula a dispenser of charity and a worker of miracles. We seldom encounter a more pitiable sight than a little child holding its tender and inflamed little ear and begging for relief from an ache, ache, ache, oh, so bad! That won't let up, even when the most skillful treatment has been employed and through the incised or bursted drum-head the matter flows without giving the desired relief.

If the inflammation and formation of pus, is not aborted, and quickly brought to a condition of non-toxic resolution, the earache and the attending otorrhea may result in a dangerous infection; with mastoiditis and meningitis as a sequel, requiring a serious surgical intervention ultimately. We want a remedy that will stop the ache and *abort the inflammation* which is the cause of the ache in nearly every case, as a case of neuralgia without inflammation as a cause is almost inconceivable; *and this methyl salicylate will do.* Its effects are almost instantaneous.

It can be used in any form of earache, with perforated tympanum, middle ear disease, or mastoiditis, acute or chronic; nothing but good results has attended its use in the hands of the author.

Instillation is accompanied with an agreeable pungent sensation of warmth, its action that of a local anesthetic and germicide, which *inhibits the inflammation in an incredible short time, and renders more rapidly effective the after treatment* (if any is necessary), the usual healing and disinfecting agents if an otorrhœa results, *which rarely occurs if the remedy is used before the inflammation has gained headway.*

Otorrhea: If otorrhea results, the ear should be *irrigated three times daily* with a warm borate soda solution, 20 gr. to the ounce of sterilized water; to heal the bursted drum, and rapidly cure the otorrhea, after each irrigation, a few drops of glycerin should be instilled in which ten grains of powdered borate soda has been dissolved. If the otorrhea does not promptly yield to this treatment, and persists longer than a week, the drum-head and middle cavity, and perhaps the mastoid cells, are not free from inflammation and in addition to the above, the ear should be irrigated with 1-2000 solution of bichloride mercury, *i. e.*, a tablet containing 3 64-100 grains of the bichloride to a pint of boiled water makes about that strength solution. If pus is very tenacious, peroxide hydrogen can be used once daily immediately before the other irrigations; full strength or diluted as required.

Mastoiditis: Paint the swelling, or sensitive area, with tincture iodine three times daily, or as often as can be borne; dilute with tincture camphor or tr. aconite root, if too severe. Formula:

(Shake thoroughly.)

℞.	Methyl salicylate	ʒij
	Glycerin	ʒvj

Triturate.

Sig.—Instill into the auditory canal every half hour, or as often as required, four to five drops—or fill the canal. In all cases of violent inflammation, and pain, this strength should be used; if the case is seen early, before inflammation and pain has gained headway, dilute with equal quantity of glycerin.

After the mixture has been kept a long time, the methyl salicylate blends with the glycerin and easily mixes by shaking.

Olive oil or oil sweet almond makes a prettier pharmaceutical mixture but it is not as effective as when the glycerin is used as a vehicle.

Robert Lee Hammond, M.D.
Frederick, Md.

Cures of persistent cases of urticaria have followed the use of strophanthus; the rationale of the cure not being apparent.—*Ellingwood.*

PSORIASIS

Editor Medical Summary:

On page 62, April *Summary*, Dr. Banes asks for the best local treatment for psoriasis. About ten years ago Dr. Neiswanger of Chicago, published in the *Alkaloidal Clinic* an article which he stated, "almost a certain specific for chronic eczema." I have found this also the best local remedy for psoriasis, at least it has proved so in the few cases in which I have tried it.

The treatment is divided into two parts, the first acting as a dry escharotic, destroying the epidermis together with the pigment underlying, which is replaced by a soft pliable new one.

℞	Resorcin	ʒx
	Zinc oxide C. P.	ʒiiss
	Acid salicylic	ʒss
	Lard	ʒv
	Olive oil	ʒij

M. Rub up the resorcin in the mortar until all the crystals are thoroughly broken down; mix well with the salicylic acid and zinc oxide and do not substitute vaseline for lard.

This is rubbed on the part to be treated twice a day, until the skin assumes an appearance as if chapped, which generally takes four or five days. Then the part is carefully washed with a sponge and soap to remove any residue of the ointment and, after being dried, is ready for the second part of the process.

This consists of a paste.

℞	White gelatin	℥iv
	Zinc oxide	ʒij
	Glycerin	gtt. xv
	Aqua bulliens	q. s.

This should be prepared on a water bath, by first adding sufficient water to dissolve the gelatin, then stir in the other ingredients. It is applied hot, using for this purpose an ordinary paint brush. Before it has time to dry it should be covered with a sheet of absorbent lint and another coat of gelatin paste applied over the lint.

In two or three days this mask becomes loose around the edges and may be removed.

J. Wm. Trabert, M.D.

Lebanon, Pa.

REPORT OF AN INTERESTING CASE

Editor Medical Summary:

Barring complications, the proper and persevering administration of phosphorus aided by other rationally indicated helps, cures curable cases of tuberculosis; mercury cures syphilis; iodine and calcium cures diphtheria; phytolacca cures tonsillitis. This is not experiment, and the list of specific drugs could be extended. Then why hunt in the uncertainties of experimental practice for something new? To the practically experienced ability of the physician, disease processes are plain in most cases, and in the greater number traceable to either near or remote, direct or indirect causes, originating in the alimentary system; also, the successful treatment of curable cases is equally plain to the accurately, evenly-poised and practically experienced mind of the therapeutist. But unfortunately, such minds are few, provided there are any at all. Yet in my experience, there is one great and profound mystery, besides the doctor, that enshrouds all diseases that terminate fatally.

For many years I have not met a single instance, a disease that terminated fatally, in which a close examination and re-examination did not reveal, though sometimes remote, a warning symptom or signal of danger, too plain to be mistaken by any experienced physician, even though he could not discover its cause. I have recently had such an experience in the case of a young man, thirty-four years of age, single and of excellent habits of life, employed as mail carrier and exposed to inclement weather, almost every day; he had been in poor health for a month, when on the sixth of February, I was called to see him, and after a careful and pains taking examination, diagnosed a severe attack of lagrippe; but in the examination, I detected a very brief momentary fluctuating pulse, a severe cough, and spitting of some blood, but not of brick-dust character, and no consolidation of the lung, whatever. I prescribed treatment for the case, but before leaving the room, I made another examination, and during ten minutes discovered again one momentary fluctuation of the pulse. I saw the patient the next day and every symptom had responded to treatment as favorably as I could desire, and to the entire satisfaction of the family; he had taken nourishment enough, his bowels were in good condition; he seemed to be doing well, yet the unaccountable condition of the pulse was the same as the day before. Now twelve years prior to this, I had treated this patient through a course of typhoid fever, and a few years later, through an attack of lagrippe, but had never known his pulse to behave in this manner. On the tenth, I saw the patient again, and he was progressing favorably, excepting vital exhaustion; said he felt fairly well, but very weak; he was taking nourishment enough, and not an unfavorable symptom presented itself, with the exception of the same condition of the pulse; late in the evening of the twelfth, his father told me, by telephone, that the boy was doing fine, had rested well all day and was much better. A man standing near me, asked if I "thought it necessary to see the patient again" and I replied, "not without further notice"—yet I felt that there was something serious back of that peculiar pulse. Early in the morning of the thirteenth, I was called to the case again, and was informed by the family that the boy had rested well all night, sleeping as well apparently as he ever slept, but soon after he awoke, he complained of severe pain in the bowels, below the umbilicus, extending down to the pubic bone, also extreme soreness, which rapidly spread over abdomen; on examination, I diagnosed general peritonitis; but how could this be, and why? Or what originated it? There had not been a single symptom during the course of the disease that indicated it as a probable or possible development; we did our best to arrest its progress and relieve the pain up to the third morning after it had developed, but with no apparent good results; finally a consultant, in whom we all had confidence, was called, but the patient was now resting from sheer exhaustion and continued to rest quietly during the day without an opiate or narcotic of any kind and, when the consultant arrived, was apparently almost in a moribund condition, but sweating profusely, for which belladonna was administered, soon controlling the perspiration; in our short consultation, the doctor learned of my sad regret at the coming loss of my friend as this young man had been, and he kindly remarked: "Doctor, if it had been your own boy, the result would have been the same." He also suggested for my information and consideration, that which now seems to my mind to be anything like a correct solution of the problem, namely, that lagrippe germs had steadily invaded the bowels to the development of the fatal condition.

The consultant returned home and I went to answer another call; the patient continued to rest until midnight when I was again called, to find that a reaction had taken place bringing with it all of the former agonizing suffering experienced before, and to which the patient succumbed at 9 A. M., retaining full consciousness, almost to the moment of dissolution.

I report this case simply upon its merits, for consideration, criticism or comments. The points of interest to me were: The momentary fluctuating pulse; all important secretive organs in good condition during the whole course of the disease, and pronounced so by the consultant; temperature normal, according to consultant's examination, even while the patient seemed to be resting at the point of vital exhaustion, and rested eighteen hours before a reaction—and without an opiate or narcotic of any kind; pulse rate never above 110 until after development of the fatal condition.

T. C. ESTES, M.D.

Bennett, Mo.

REPORT OF A CASE

Editor Medical Summary:

A boy twelve years of age, who was previously in good health, began losing in weight, losing his appetite and was restless during the nights, and looking very pale. Several physicians had treated him, but without any beneficial results; finally, the parents brought the boy to my office for treatment. I examined him carefully, and discovered he had phymosis, and to this I attributed the entire trouble.

I circumcised him and now this boy is in perfect health. A report like this may sound "fishy" to some physicians, but, this is not the only case of the kind I have treated in a similar manner, and with the same results, but the other boys were younger.

S. G. HATTON, M.D.

Riverton, Iowa.

Each drug acts directly and invariably upon one or more exact conditions of disease, and must be so studied and known.—***Ellingwood.***

HYDROTHERAPY

Editor Medical Summary:

Possibly hydrotherapy has a wider range of action than any other system of cure. It is a system of treatment that is adapted to sanitariums or hospitals that are specially prepared to give the treatment As a rule, it is not a good plan to try hydrotherapy in ordinary family practice, especially when there s no trained nurse in attendance, or the facilities for using it.

There is plenty of room in most all cities for a sanitarium devoted to hydrotherapy and such an institution, if managed correctly, would be a fine thing for all concerned. Hydrotherapy is an old method of treatment which has never and likely never will become very popular the main reason for its lack of popularity is because there is lots of work connected with such treatment, and as a rule, but little facilities for carrying it out in most homes and hospitals. .Dr. R. T. Trall was the author of a book, "Hydropathic Encyclopedia" which was written some years ago—about 1860. It is a book that should be read even at the present day, as Trall was a good authority of his time.

Dr. Simon Baruch is author of a book "The Principles and Practice of Hydrotherapy," which is decidedly up-to-date; Dr. Baruch is professor of hydrotherapy in Columbia University. Besides his own book, Dr. Baruch considers Hinsdale's "Hydrotherapy" the best work on the subject. The noted physician, Dr. A. Rose, of New York, is an advocate of hydrotherapy. In the *International Clinics*, Volume II-23d Series, Dr. Rose has a chapter on "The Continuous Warm Water Bath—The Rational Remedy in Tuberculosis (Phymatiasis) and Infectious Diseases in General." Dr. Rose has an article "The Continuous Warm Water Bath—The Rational Treatment of Tetanus" in *The Medical Fortnightly*, December 15, 1914. I would advise all physicians to read these two articles by Dr. Rose.

On page 186, *Journal A.M.A*, January 9, 1915, is an abstract of an article, "Continuous Bath in Treatment of Phlegmous." It is a valuable abstract and deserves due attention from all who are interested in this subject; Dr. Baruch's book gives full information on the continuous bath. It is my opinion that the continuous bath is of real value in many conditions, and it should be far more generally known; I believe hot water has a wider range of usefulness than cold water, and often where cold water is now used, hot water or the continuous bath should be employed. We all know that hot baths are of value in ordinary convulsions, and taking this into consideration, also Dr. Rose's reports on the continuous bath in tetanus, I am inclined to think that the continuous hot water baths would be an ideal treatment for puerperal convulsions. It deserves a thorough trial in this condition, as well as in many others.

J. A. Burnett, M.D.
Hartshorne, Okla.

THE TONGUE

Editor Medical Summary:

"Death and life are in the power of the tongue." "A wholesome tongue is a tree of life." "The tongue of the wise, useth knowledge aright." "A soft answer turneth away wrath, but grievous words stir up strife." "The tongue is an unruly member; but out of it are the issues of life and death."

While all the above quotations are true, morally, though figuratively, yet it is not of that characteristic of the organ that I would write. It is the tongue as an index to systemic conditions, and diseases peculiar to itself, that prompts this article. The tongue expresses diseases of the stomach, liver, intestines, kidneys, exanthemata, fevers, etc.

In feeble digestive conditions, and in anemia, it is pale, flabby and viscid; in typhoid and malaria, it is coated in the center with a line of redness on the edge, and a red tip: in grave typhoid it is dry, brown and fissured. In exanthemata, it reveals the character of the disease by papillæ. In some stomach conditions, such as gastritis, it is shining red, swollen and glazed; in variola, it is swollen. covered with pustulation, and thick mucus.

The tongue is a muscular organ attached to the floor of the mouth; assists in mastication, articulation and sucking; is the organ of speech; contains the nerves of taste. It is also subject to "ankyloglossia"—tongue-tie. It is sometimes the seat of serious lipoma, syphilitic disease and abscess. Disease at the base of the tongue, such as congestion of the veins, is the cause of an uncontrollable cough, which can only be relieved by direct treatment of the organ—which is best done by cauterization. Tumors often form at the base of the tongue, composed of thyroidal tissue; there are cases of angioneurotic edema of the tongue; also diseases affecting the nerves of sensation and taste, of the tongue, namely, glossopharyngeal nerves, which supply the mucous membrane.

We must not overlook the fact that there is the smoker's tongue, in which the nerves of the tip of the tongue seem to be affected. Tobacco chewers frequently have sore tongues. We also have ulcers from stomach disorders. I have also known persons to have swollen tongues, as the result of gulping down, glass after glass of iced tea, while eating a hot meal. Anybody with any sense must know that such drenching with ice water, will arrest digestion, until the stomach is able to heat up the ice water to the proper temperature. While the stomach is doing its best to do that, the food is lying soggy, and macerating in the organ. Therefore, never drink ice cold drinks with a hot meal. In fact, it is best not to drink ice water at all.

I shall say nothing about cancer of the tongue. D. L. FIELD, M.D.

Jeffersonville, Ind.

THE PRE-PNEUMONIC CONGESTION AND PNEUMONIA

Editor Medical Summary:

Pathologists have not agreed on the first important facts in acute pneumonia, and that is the primary acute congestion. In my work on "Practice," I took the liberty to place this acute congestion as a separate entity in pathology, and give treatment of it as a condition separate from the acute inflammation. As to whether that course was right or wrong, I am not yet quite satisfied, but I am assured of one thing—this acute congestion before the development of the characteristic phenomena of acute pneumonia can be positively controlled, abated, and dissipated within twenty-four hours, leaving the lungs free from the evidences of pneumonia. I have seen this accomplished so many times that I haveno further fear of having my assertionsc ontradicted.

This result is accomplished by the following means: I use heat externally applied over the chest, very persistently, and intense to the bearable point; I would use lobelia hypodermically, and the tincture of belladonna to full effect. At the same time the patient should inspire very warm air; an excellent method is to wring a folded bath towel out of hot water and wrap this, as the barber does, around the patient's face in the shape of a cone with a large point off. The patient, breathing through the aperture at the tip of this cone, gets the air, hot and moist, and if it is fresh, the effect will be almost immediate.

Dr. Borland, of Franklin, Pa., who wrote an article on this topic in March *Summary*, claims that he has always believed that this preliminary stage could be aborted, and as a result of his confidence and prompt action, he has saved a great many lives, and has relieved the patient in many cases from a long serious illness.

He uses belladonna, veratrum, and byronia; all very valuable remedies when correctly indicated, but in place of persistent heat he has used the old method of blistering, depriving the circulation in the lungs of a certain amount of serum.

By this means, although much more severe, he has accomplished the same results that are accomplished with heat; but, I am confident that heat is just as efficient and entirely devoid of any objectionable features.

I do not think there is any acute disorder in which such startling results can be accomplished, and in which such satisfaction can be secured in so short a time, as by this simple method, in the congestive stage of pneumonia.

But I am not limiting the action of these measures to this stage, for their use at any time during the developing stage of pneumonia proper, is of great importance. Another physician in the same number of *The Summary* states that he uses coal tar derivatives, and calomel in large doses, also two or three eclectic remedies. In seventeen years of very active, heavy family practice, I lost only four or five cases of pneumonia, and I gave none of the synthetics, and not five grains of calomel in my entire professional life, I think, and very few medicines. Belladonna, aconite and bryonia are of first importance, with lobelia in extremely severe cases. Next in order is veratrum, cactus and jaborandi; finally, phosphorus, strychnine and quinine for their tonic effects during convalescence. It is seldom if ever necessary to give all of these in any one case.

FINLEY ELLINGWOOD, M.D.

32 N. State Street, Chicago, Ill.

APPLICATIONS OF OLD REMEDIES

Editor Medical Summary:

In my formula, the first on your Favorite Prescription page in April *Summary*, there is a slight typographical error—it should read:

℞ Acid carbolic ....ʒj
Ung. sulphur.
Ung. hyd. nit.
Ung. zinc oxide benzoated ....āā q. s.

M. Sig.—Apply locally as required.

This prescription cures dandruff and pubis pediculosis—any thing "that itches"; old things so good are often discarded for new nostrums. I was called to see a family the other day and the children were scratching day and night, with an eruption (parasitic), and I gave them this lotion, and they were relieved at once; that is, in a few days:

℞ Fld. ext. dulcamara.................℥iv
Aqua fervens.................q. s. ℥xij

M. Sig.—Use as a lotion twice a day.

The above is a clean anti-parasitic lotion—yes, an old remedy.

The mother had a large varicose ulcer on her leg and eczematous condition of the limb; gave the following lotion and instructed her to elevate the limb and rub in the lotion upwards to favor return of circulation; the third day placed interlaced strappings with rubber adhesive, from the toes upwards, supported by firm bandage—will order rubber stockings later; you should have seen her smile when she told me of the relief afforded, and the positive cure in the near future—did any one ever use the lotion for irritable ulcers? I have for many years, with success. The following is the prescription:

℞ Liquid acid carbolic,
Glycerin......................... āā℥j
Zinc oxide ....℥ij
Liquor calcis...................q. s. ℥xvj

M. Shake before using. Sig.—Apply as lotion often.

Black witch hazel has been of great service to me in varicose veins of the lower extremities. I prescribe it in doses of thirty drops before meals.

Can I call your attention to the old and reliable remedy for muscular rheumatism—fluid extract black cohosh, when salicylates and iodides are negative? Two drops of the fluid extract of black cohosh, after meals and at bedtime, has a wonderful effect in acute or chronic cases. Two ounces of gum guaiccum to a pint of whiskey should have a pronounced place in our therapeutic "Armamentarium"; two teaspoonfuls, one hour after meals—old men or women are benefited.

For frequency of urination and catarrh of the bladder, which depend upon uric or lithic acid, or unhealthy deposits, why not use the following? Teaspoonful of the pure sodium phosphate and one five-grain tablet of lithium citrate taken together in a cup of very hot water, before meals and at bedtime; many old people have thanked me for the relief afforded; it renders the urine bland, and is soothing, because it eliminates unhealthy deposits.

Do you have people walk in with painful, red noses? Look in the anterior fossa and extract, with epilation forceps, all the hairs you find, and use equal parts of calomel ointment, and benzoated oxide of zinc ointment, freely, twice a day. The hair follicles extracted, will some times be full of pus; if the dorsum of the nose is affected, use twenty per cent. of ichthyol ointment over night, after using very hot water for ten minutes before the applications.

I have made a lot of money during my lifetime, paying attention to the "little things." Suppose that I am classed as an old "fogy" —who cares?

A. V. Banes, M.D.
St. Joseph, Mo.

REPLY TO "HAVE YOU A HOBBY?"

Editor Medical Summary:

While reading the April *Summary*, the article entitled "Have You a Hobby?" attracted my attention. Yes, truly, who requires a hobby more than the physician, overworked in brain and nerve?

Now, Doctor, to you who have a liking for pets, let me tell you of something that will give you great pleasure and a complete diversion from work and worry. It is the raising of thoroughbred New Zealand red rabbits, the little animal over which all California has gone wild, and well they may, for these animals are a thing of beauty.

Lawyers, doctors, merchants alike, in fact, people of all stations of life have fallen victims to their charms. They are naturally a very clean animal; it takes little room to accommodate them; they are easily, cheaply and quickly raised; very little time is required for their needs, and while you would derive an abundance of pleasure from caring for them, watching them develop, and perhaps exhibiting them at some good show, a ten, twenty or even a fifty "spot" would now and then drop into your hand from the sale of some specially good specimen.

If any Doctor is interested and would like to know more about them, I will be glad to give him all the information I can.

An interested reader of *The Summary*.

L. F. Saunders,
1600 Newell St., Portland, Ore.

TRANSMUTATION OF BACTERIAL SPECIES

Editor Medical Summary:

There is a growing suspicion that the typhoid bacillus is really nothing else than a highly educated strain ascending from the colon bacillus (bacillus coli communis) of everybody's alimentary tract. These two species resemble one another in form and habit and midway between them are certain bacterial species which add to the more benign characteristics of the colon bacillus type the more malignant characteristics of the typhoid bacillus type; these latter being known as para-typhoid bacillus A and para-typhoid bacillus B. Para-typhoid is a milder disease than typhoid fever, and epidemics sometimes occur shortly after epidemics of true typhoid.

But still more confusing than the colon bacillus group is the group of apparently interchanging bacterial types which are concerned in the causation of throat and nose infections and so-called rheumatism or joint infections. The streptococcus has been commonly recognized as a frequent factor of tonsillitis and complicating or secondary acute rheumatic fever. Also, in a large number of cases bacteriologically studied, the pneumococcus has been found in pure culture in and about the inflamed joints of articular "rheumatism." And the very fact that some investigators found streptococci, while others found pneumococci in such cases, has only made practical physicians skeptical of the bacteriologists' results.

But "the world do move" and evolution occurs literally under our eyes. Recent studies by Dr. Rosenow and others have demonstrated beyond question that an actual transmutation of pneumococci into streptococci can be brought about under artificial culture, and that the same transmutation, in all likelihood, occurs under certain conditions in the human body.

Rosenow has converted no less than seventeen distinct strains of streptococci into pneumococci with all their known laboratory characteristics. He has taken pneumococci from the lung, from the sputum and from the blood of a pneumonia patient, grown them in culture tubes and gradually "educated" them till they became streptococci. These transmuted germs, when injected into rabbits, produced the typical joint, heart valve and heart muscle lesions seen in human beings with acute rheumatic fever. To the medical practitioner this is quite as startling as though some wizard had transmuted butterflies into hummingbirds!

In educating his microbes Rosenow tried various changes of environment. He grew them in oxygen under a pressure varying from an atmosphere of pure oxygen to complete anærobic conditions; he used media of weaker or stronger saline strength; he employed temperatures slightly below or above body temperature; he used several different kinds of culture material—milk, broth, etc. He even grew them in conjunction with other germs which are known to help or hinder pathogenic microbe life. In some cases he took the precaution of beginning with a solitary microbe instead of the millions ordinarily used in starting a culture.

It must be remembered that in these experiments many generations intervened between the original germ and its evolutional successor, and that these generations were subject to gradually changing environment. A day of microbe history is an æon of higher life, owing to the very rapid multiplication of bacteria. Furthermore, bacteria constitute the lowest possible form of life, so very low that it is difficult to say whether they are vegetable or animal, and in this low form there is a minimum of differentiation and specialization of species. Aside from biological significance, however, Rosenow's experiments have furnished a satisfactory explanation for a vexed question—the etiological relation between catarrhal infections—head "colds," sore throats, sinus inflammation, penumonia, etc.—and joint, heart and serous membrane inflammations in general.

Other laboratory workers have accomplished equally remarkable transmutations of bacterial species. Mme. Victor Henri, of the Pasteur Institute in Paris, began with the anthrax bacillus, a deadly microbe in animals and human beings, perhaps the most virulent microbe she could select, submitted cultures to environmental change, exposing them briefly to ultra-violet light, for instance, and ultimately produced a species of bacilli which failed to show the pathogenic effects when injected into guinea-pigs.

Drs. Thiele and Emberton took bacillus mycoides, a common, non-pathogenic microbe found in garden soil, grew cultures at low temperature (the germ will not survive at body temperature), gradually increased the temperature with successive generations and succeeded in educating the germ to grow at body temperature in the incubator. Animals were then injected with the educated bacilli, and it was found that the previously harmless bacilli had acquired the characteristics of the deadly anthrax germs! This is evolution with a vengeance.

The same experimenters have taken the smegma bacillus, a harmless microbe universally found on certain parts of the human body,-educated it under artificial environment and transmuted it into a virulent organism which produces tubercles and death in a week or two in animals, the post-mortem findings being identical with those of the tubercle bacillus, which resembles the smegma bacillus so closely in appearance that it has often been mistaken for tubercle bacillus in genito-urinary microscopical work.

All of these revolutionary observations tend to set physicians thinking. Can it be that disease germs are bad only because we make them so by civilization? Will it be possible to educate the virulence out of our microbic parasites and transmute the germs of world plagues into harmless saprophytes by this same miracle of biology? Are we on the threshold of a great discovery whereby the secret of absolute immunity shall be given to the world? In these days of scientific achievement almost anything is liable to happen. We dare not be skeptical. We must bear in mind the episode of the university professor who wrote to McClure when wireless telegraphy was first described in McClure's Magazine. "Avoid announcing such absurdities and thereby save your magazine from appearing ridiculous."

Elmira, N. Y. WM. BRADY, M.D.

REPORT OF AN UNUSUAL CASE

Editor Medical Summary:

A case of articular rheumatism, in which an agonizing pain began in the great toe, of the right foot. It was thought it might have been due to wearing a shoe too short, and engaging in the violent exercise of "basket-ball"; but the pain continued for two days, and the toe and the ball of the foot became red and highly inflamed. The case finally involved the ankle, then the knee, till it went from articulation to articulation; yet it was not attended by fever. The joints became swollen and continued so till the case was conquered. The entire time of the articular inflammation, and pain lasted two weeks. The following remedies were used:

℞	Acid salicylic	ʒj
	Codein sulph	gr. iij
	Caffein cit	gr. xv

M. Ft. Capsules, No. 12. Sig.—One every 2 hours. Also locally:

℞	Acid salicylic	ʒij
	Ichthyol	ʒj
	Menthol	gr. xxv
	Lanolin	q.s. ad ℥ij

M. Ft. Ung. Sig.—Apply to inflamed joints, three times a day.

The unguent was rubbed in thoroughly, and the joints covered with hot, dry flannel.

The salicylic acid was not only used internally, but was absorbed locally. If pain became such that codein didn't afford relief he was given dram doses of papine, which relieved, and induced sleep. In two weeks, he has no more pain or inflammation, and is walking about his room. His bowels were kept open by a saline,—"uralithic salts," as prepared by "Robins," Richmond, Va. His diet was light and suitable. Patient was a young man, aged 18 years.

D. L. FIELD, M. D.

Jeffersonville, Ind.

THE DOCTOR'S DREAM

I am sitting alone by the surgery fire,
With my pipe alight, now the day is done;
The village is quiet, the wife's asleep,
The child is hush'd and the clock strikes one!
And I think to myself as I read *The News*,
And bless my life for the peace upstairs,
Though the burden's sore for the best of men,
But few can bear what a doctor bears.
For here I sit at close of a day,
Whilst others have counted their profit and gain,
And I have tried as much as a man can do,
In my humble manner to soften pain;
And I've warned them all in a learned way,
Of careful diet, and talked of tone,
And when I have preached of regular meals,
I've scarcely had time to swallow my own.
I was waked last night in my first long sleep,
When I crawled to bed from my rounds dead beat,
"Ah, the doctor's called," and they turned and snored,
As my trap was rattling down the street.

I sowed my oats, pretty wild they were,
In the regular manner when life was free,
For a medical student isn't a saint,
Any more than your orthodox Pharisee!
I suppose I did what others have done
Since the whirlgig round of folly began,
And the ignorant pleasures I loved as a boy—
I have pretty well cursed since becoming a man.
But still I recall through the mist of years,
And through the portals of memory steal
The kindly voice of a dear old man who
Talked to us lads of the men who heal;
Of the splendid mission in life for those who
Study the *science that comes from God.*
Who buckle the armor of Nature on,
Who bare their breast and kiss the rod.
So the boy disappeared in the faith of the man,
And the oats were sowed, but I never forgot:
There were few better things in the world to do
Than to lose all self in the Doctor's lot;
So I left the life that had seemed so dear,
To earn a crust that isn't so cheap.
So I bought a share of a practice here,
To win my way and to lose my sleep.
To be day and night at the beck and call
Of men who ail and women who lie:
To know how often the rascals live, and see
With sorrow the dear ones die;
To be laughed to scorn as a man who fails
When Nature pays her terrible debt
To give a mother her first born's smile,
And to leave the eyes of the husband wet;
To face and brave the gossips and stuff
That travels about through a country town;
To be thrown in the way of hysterical girls,
And to live all terrible scandal down;
To study at night in my journals here
Of a new disease and of human ills;
To work like a slave for a weary year, and
Then to be cursed when I sent in my bills.

Upon my honor, we're not too hard on those
Who cannot afford to pay,
For nothing I've cured the widow and child;
For nothing I have watched till night turned day:
I've earned the prayers of the poor, thank God,
And I've borne the sneers of the pampered beast,
I've heard confessions and kept them safe
As a sacred trust like a righteous priest.
To do my duty have never I sworn,
As others must do in this world of woe,
But I've driven away to the bed of pain
Through days of rain and nights of snow.

And here I sit and I smoke my pipe
When the day is done and the wife's asleep,
I think of that brother in arms who's gone
And utter—well, something loud and deep!
And I read the *Lancet* and I fling it down
And I fancy I hear in the night that scream
Of a woman who's crying for vengeance! Hark!
No, the house is still! It's a Doctor's Dream!

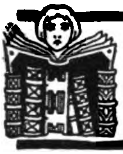
PUNCH.

All remedies for persistent vomiting having failed, success followed when the patient was denied all ingesta for twelve hours. Rest!

Fetid perspiration is incurable if treatment does not begin with regulation of the bowels, where the fetid principles are generated.

The only true remedies for seasickness are, flirting for the young, poker for the middle-aged, stay on land for the aged.

Brittle nails are restored to normal flexibility by rubbing nightly with mutton fat.



New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

Eales' and Taber's Anatomical and Physiological Encyclopedic Chart of the Human Body. A key to spinal therapeutics. 5000 questions correctly answered. Sixth and improved edition. The recognized Standard Compendium of all Manipulatory Treatments, including Spondylotherapy, Electrotherapy, Osteopathy, Radiotherapy and Massage, together with the Anatomy and Physiology, Symptomatology and Diagnosis that constitute a basis for the understanding and application of all forms of Spinal Therapeutics. Fifteen Illustrations, Lithographed, not printed, in seven colors, both sides. All nerves colored differently to indicate their functions. Heavy enameled cloth stock, not paper, 34x46 inches, mounted top and bottom with wood rollers, ready to hang on the wall. I. W. Long, Publisher, 5 Wesley Block, Columbus, Ohio. Price, $5.00.

The above is self-explanatory—we cannot add much that would better explain the value and usefulness of this chart. Suffice it to say that the general practitioner will do well to carefully look into the merits of claims of various schools and investigate their basis for same.

Spondylotherapy is now appealing directly to the regular medical practitioner, and as Dr. Abrams says, its successful practice "requires knowledge, observation and experience of the highest kind and is comparable to the best effort in any other department of scientific medicine."

While this chart does not claim to be a course in any of these manipulatory, or applicatory systems, it does furnish the basis for a thorough understanding and successful application of them. After all the treatises on these subjects have been read and studied, this chart will remain the daily guide to the more complete mastery and successful practice of each of these systems.

The osteopath has long been recognized as an expert anatomist. He is such because his system of treatment depends upon a minute and an exact knowledge of Anatomy. The masseur must know the muscles he manipulates and he must have an understanding of the circulatory systems. Every medical student of course, acquires this knowledge, but unless he becomes a surgeon little of it is retained. This chart, for that reason, gives a wealth of anatomical information in detail; information that is requisite.

Federal Narcotic Record Book. A Daily Record of Narcotics Dispensed or Distributed. The Abbott Alkaloidal Co., Chicago, Ill., Publishers. 1915. Price, 25 cents.

This is a neat book, size about 4¼x7 inches, and about eight pages in the front part of the book are devoted to a brief explanation of the Law, which is based in part, upon the special regulations drafted by the officials of the United States Treasury Department.

Then follow several pages for the inventory of Narcotic Drugs; the balance of the book consists of blank pages, neatly ruled for a Record of Narcotics Dispensed or Distributed; altogether, the book is made up of about 120 pages, in a durable cloth binding.

A Reference Book on the Federal Narcotic Law (Harrison Act). For Physicians, Druggists, Dentists and Veterinarians. By Albert Dean Currier, of the Chicago Bar, and Daniel R. Forbes, late with U. S. Board of Food and Drug Inspection. Copies of this pamphlet may be procured from the Secretary of the National Association of Retail Druggists, 122 S. Michigan Avenue, Chicago, Ill. Price, 25 cents.

This pamphlet presents the Law. The Intent and Spirit of the Law. Analysis of the Law and Regulations; Synopsis of Rulings; and concludes with a list of the most commonly used drugs and prescriptions, which are affected by the Law.

Summary Gleanings

One of the very best drugs for chronic hoarseness and loss of voice, is phosphorus in small and frequently repeated doses.

L. F. Laufersweiler reported (*Ohio S. M. J.*) a woman with double vagina and uterus, in whom pregnancy occurred first on the left side (boy) and later on the right (girl).

It is timely to acquaint the American medical profession with the admirable qualities of our native drugs, and to introduce these to the British market.—*Ellingwood.*

Opium principles have no local anodyne power whatever. Morphine acts solely on the cerebral centers.—*V. E. Simpson, American Medicine.*

All victims of the "blues," all downcast and crestfallen individuals, are found to be shallow breathers.—*L. Patrick, Critic and Guide.*

According to statistics compiled by the United States Census Bureau, the colored people in the United States die almost twice as fast as white people.

Digestive derangements in early tuberculosis must be looked upon as one reason why that patient did not resist the inoculation, but developed the disease.—*H. A. Berkes, O. S. M. J.*

Septic Infection: Following wound. Gave echinacea, apis and baptisia; applied echinacea, calendula and bismuth. Quick recovery. —*Ecl. Med. Jour.* Which of the six did the job?

Dilation and inertia of the bowel, due to over-stimulation of diarrhea, owing to improper feeding, or abuse of purgatives, are responsible for most constipation of infants. —*Pediatrics.*

The solution of the prostitution problem does not lie within the province of criminal procedure, but belongs rightfully to the domain of the medical profession.—*M. Osias, Critic and Guide.*

Eight patients taking vaccine and tuberculin were making little progress; changed to calcium injections and each made better progress.—*T. J. Beasley, Indianapolis Med Journal.*

The term "rheumatism" should be dropped entirely, as conducive to loose medical thinking, and indicating an inproper conception of the disease.—*M. N. Hadley, Indianapolis Med. Journal..*

The influence of direct sunlight over the tubercle bacillus and its operation is so great, that one wonders that we do not hear of sanatoriums where the patients go about clad in Adam's primitive dress.

Robinovitz says the demand for abortion is so great as to cause the appearance of a new specialty among "reputable" graduates, who defy the law and openly solicit work.—*American Medicine.* Permit us to express our disbelief.

Ringworm is frequently contracted from cats or dogs, and infection acquired from an unnoticed patch upon a pet may be the cause of much subsequent annoyance and even suffering to several members of a family.

Hydrogen peroxide instilled into the ear and allowed to remain for a few minutes will soften and disintegrate the cerumen, which can then easily be removed by spraying with warm water.

A good remedy in high blood pressure is pilocarpine, but for this purpose it should be used in small and frequently repeated dosage. Ordinarily from 1/100 to 1/20 grain is large enough.

JUNE, 1915

THE MEDICAL SUMMARY

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LOOK OUT FOR IT

The July issue of *The Summary* will contain a number of highly interesting, original articles on the subject of CANCER from men who have investigated the subject thoroughly. The subject is discussed from different angles, right up-to-date.

$1.00 PER YEAR

Editor Medical Summary: Please find check for $3.00 in payment of subscription. I fear I like your Journal too well; it keeps me interested in each and every number, from cover to cover. T. E. Raines, M. D.
April 12th, 1915. Concordia, Kansas.

10 CTS PER COPY

Respiratory Diseases

can be promptly relieved of their pricipal dangers—embarrassment of the heart's action and general systemic depression—by the administration of

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"This admirable reconstructive," as one physician describes it, "not only exerts a pronounced influence on the pulmonary circulation, thus lightening the heart's burden, but in addition raises the general vitality so substantially that local processes are rapidly controlled and convalescence quickly established."

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The MEDICAL SUMMARY

A Monthly Journal of

PRACTICAL MEDICINE, NEW PREPARATIONS, ETC.

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A USEFUL STOCK REMEDY

In the April *Summary* Dr. Jameson suggested a stock remedy for a varied line of ailments, such as intestinal stasis, autotoxemia, rheumatism, etc. It is a mixture composed of two parts of bicarbonate of soda and one of sulphocarbolate of soda made up in quantity and dispensed in teaspoonful doses in a glass of hot water an hour before meals and at bedtime. A physician of our acquaintance had a batch of this mixture made up as soon as he read the article and has since been dispensing it quite freely and, he states, with the most gratifying results. Doctor, turn back to your files and read the article entitled "Personal Odors."

CANCER NUMBER

The July number of *Summary* will be devoted to cancer. Cancer being on the increase, we believe it should receive the same painstaking study with reference to cause, prevention and cure that has for a number of years been accorded "the great white plague," with which latter it ranks as a close second as an insidious, death-dealing disease. A well-directed propaganda against cancer will surely bring forth an abundant harvest of good in due season. We will present a number of excellent articles on this subject written by men who are authorized to speak. Please call the attention of your medical friends to this number. It will be of especial interest to the general practitioner.

STRONG ANTISEPTICS PASSING

Bichloride of mercury and phenol solutions no longer have the vogue they once had in the dressing of wounds. Used too strongly, they devitalize normal cells as well as inhibiting bacterial activity, and of course healthy granulations are retarded. It is reported by some physician from the European battlefields that over 800 cases of wounds were simply treated by peroxide solutions with uniformly good results. The newer and stronger peroxide preparations are employed. The boiling and foaming cleanses the wound without the necessity of the harmful wiping of the parts.

LOBELIA

Dr. Finley Ellingwood has made a profound study of lobelia inflata covering a period of ten years and has arrived at the conclusion that "there is no one remedy more wonderful than this, used hypodermically." The entire number of Ellingwood's Therapeutics for January is devoted to comments and reports on the use of this drug and the editor goes so far as to class it as a "life-saver" in a great variety of emergencies where every possible commonly known expedient has been adopted and the patient given up to die. Particularly brilliant results are reported from its use in diphtheria, in conjunction with the generally-recognized specific for this disease. The editor says: "Its invariable influence in producing profound muscular relaxation and nerve sedation positively without depression, but with an increased vital force, places this remedy at once in a field by itself. We have no other remedy nor combination of remedies that can be relied on to produce such a condition, to anything like this remedy will."

This last statement, we take it, is intended to apply to all conditions in which a relaxant or antispasmodic action is desired. The abscesses and muscular soreness that formerly constituted objectionable by-symptoms when the ordinary fluid extract preparations were employed hypodermically have been improved by the more recent non-alcoholic preparation with the deleterious elements reduced to a minimum. A casual perusal of the clinical notes coming from a large number of general practitioners bears evidence that this remedy has a wide range of usefulness in emergency ailments and that it should be rescued from the near-desuetude into which it has fallen and therefore put to a wider therapeutic test. It is the almost universal opinion of the physicians who have employed lobelia inflata in its modern presentation that no danger attends its use. While this drug is manifestly a useful one for high blood pressure and high nerve tension, yet paradoxical as it may seem, a number of writers report the most gratifying results from its use in the opposite condition such as accompany the moribund.

Among the conditions where the remedy has been employed with decisive curative results are mentioned the convulsions of childhood, angina pectoris, asthma, pneumonia, tetanus, whooping cough, strangulated hernia, bronchitis, rigid os, puerperal convulsions, croup, hysteria, epileptic seizures, sunstroke, ptomaine poison, renal colic, and dyspnea, apnea and tonic spasm of whatsoever origin.

Any original investigator in therapeutics is likely to be imbued with a great deal of enthusiasm along the line of his individual research and sometimes digs a pitfall of over-optimism into which he may ultimately fall. Too much should not be expected from a single remedy. At the same time we must recognize the fact that the physician who has mastered two or three useful remedies and knows thoroughly how to handle them in order to get the best therapeutic results can accomplish more than the physician who makes use of the whole materia medica in a haphazard manner. We are convinced that lobelia is a most valuable therapeutic agent and deserves the careful consideration of general practitioners everywhere.

DISGUSTING ANATOMICAL PUBLICITY

Recently we read in the daily print of some doctor who had removed an appendix which measured seven inches in length. It is, however, a very common thing to read of long appendixes being removed, and the ambitious surgeon always takes great pride in his find and immediately rushes into print to apprise a gaping lay world of his wonderful discovery. The appendix, little remnant of redundant tissue that it is, has been made much of in recent years. We can't possibly get along without the appendix nowadays, and on second thought it seems that we can't get along with it. It enters into all our calculations and enlists our hopes and fears. The discovery of an appendix of unusual length, or fatness, or crookedness always earns its possessor a good deal of distinction. Several years ago a metropolitan surgeon banqueted a number of his clientele, all of whom were appendixless except the surgical host himself. The designs and settings of the occasion were all suggestive of the appendix in some way. The appendix is not, however, the only portion of anatomy that comes in for its share of attention. When a man who is in the public eye becomes seriously injured or ill the details of his case are set forth with the greatest precision. The tendency is to acquaint the lay world with morbid anatomy and medical and surgical research. Women discuss among themselves the removal of the uterus and ovaries with the utmost nonchalance. While we have no words of commendation for the spirit of a bygone age which tabooed the study of the human body, yet we can't help thinking the pendulum has swung a little too far the other way until we sometimes give our anatomy unnecessary publicity.

SEMINAL EMISSIONS

This subject is usually regarded with little significance by the general practitioner, although it has moral and psychological phases that mày be far-reaching in scope. While emissions, also known as spermatorrhea, are as a rule a slight functional trouble of little consequence, yet stubborn cases may be dependent upon such conditions as varicocele, posterior urethritis, cowperitis, prostatitis and anal irritation. As a general rule emissions are of neurotic origin and are kept up by a mind that is not functioning in quite a normal manner. "Excessive venery" may help to keep the trouble going. This is a nondescript term and needs qualifying. As applied to adolescents, it usually means the reading of literature calculated to arouse amorous thoughts. Masturbation goes hand-in-hand with the mental phases of the trouble, and is of course one of the important exciting causes.

It is not likely that mental deterioration often results from masturbation and its consequent "losses," made so much of in quack literature. When mental impairment does accrue in these cases it is usually dependent upon a neurotic streak and, if one is going crazy anyway, he can go crazy over the sexual business as well as anything else. With many misguided individuals the world seems to revolve around their testicles. Many neurotic men with paranoiac or obsessed tendencies are inclined to attribute their infirmities to sexual weakness. This idea is augmented by the reading of quack literature and by consulting the so-called "weak men" specialists. Fortunately this class of advertising charlatans is slowly but surely being forced out of their nefarious business.

While it is true and universally agreed upon that seminal weakness, spermatorrhea and all the rest of it, seldom causes very much mental or physical impairment, yet it is true that in some cases intelligent though impressionable youths with neurotic ancestry may be harmed by reason of the morbid introspection which it brings about. More often degeneracy is the cause of sexual perversion rather than a result. Young men should have their minds disabused of the idea that seminal emissions will wreck their health or cause mental or nerve instability. After that has been accomplished, their minds are made receptive to instruction looking toward the improvement of hygienic conditions and a wholesome manner of living that will almost invariably eventuate in a cure.

THE MICROSCOPE A NECESSITY

More and more the microscope is becoming a necessity with the general practitioner. The microscope is the last piece of equipment that many doctors past middle age think of purchasing. Those who graduated before instruction in microscopy became general and who have not since availed themselves of post-graduate work seem to think they can not easily master the technique of the microscope. This idea should not deter any physician of any age from endeavoring to acquaint himself with this very useful instrument. For the average clinical work of the general practitioner there is nothing so abstruse or difficult. This is an age of exactness in diagnosis and guesswork no longer goes as it once did. Hasty diagnoses should be avoided. The microscope will help to throw light on a goodly portion of the obscure cases in which we "see through a glass darkly." The physician cannot be very useful unless he is fairly good as a diagnostician. While symptoms, subjective and objective, have a value that should never be underrated, yet there are many symptoms which lead etiologically to different diagnoses. The physician who goes slowly in making his diagnosis will in the end always prove himself a winner over the hasty diagnostician. The miscroscope is of real value in the diagnosis of cases which the physician meets every day. Also the mere fact that he employs the instruments brands him by his clientele as being a careful and painstaking man. The December number of *Summary* contains a very useful and practical article on the microscope written by Dr. J. C. Densten.

If you are interested in this subject, doctor, it would be worth your while to turn back and read the article.

THE PASSING OF TWILIGHT SLEEP

The twilight sleep anesthesia for child-birth does not trouble the lay mind so much now as it did a few months ago. A well-carried out advertising propaganda in lay magazines, aided not a little by newspaper publicity, got the whole feminine world, apparently, to talking about this most benevolent discovery(?). The attentive hearing it was destined to be accorded could have been predicted when the fact that it was a foreign born was made manifest. "Made in Germany" set the seal of approval upon it. But as we stated editorially several months ago, so-called twilight sleep is a foreign discovery only so far as using well-known remedies freely and almost to the danger line is concerned. As was stated in these columns at that time, there is nothing so wonderful about the hypodermic use of morphine and scopolamine to assuage in some degree the excruciating pangs of labor. Furthermore, we have in this country a well-known and reliable physicians' supply house that has been furnishing a combination of similar kind for many years. After all, it is the morphine that mitigates the pains of labor. The scopolamine has for its dominant note the production of amnesia—the woman forgets whether she had pains or not if this remedy is produced to effect. Even the memory of prolonged and somewhat cyclonic labors is soon lost. The everyday practitioner can by painstaking and judicious anesthetic and analgesic measures so direct the course of almost any case of labor that the woman will not look back to the event with horror. Twilight sleep was a veritable storm center of attraction for a while because it was so well advertised.

RELAXATION

Relaxation is one thing, and rest for the weary is quite another. If one man is going to carry his business cares with him when he goes on a vacation, he might just as well stay at home, so far as the benefit of mental rest is concerned. It is a great restorative to physicians, who have worn their nervous system out, hearing of ills; nervous tension; hard work; and loss of rest, to take a vacation, for they can do so with profit; but, the business man with his cares, anxiety, and his mind occupied during his waking hours with thought of business, may have a change of scene, but he will not get the needed rest, and mental and physical relaxation.

Men wear themselves out with business cares; a doctor's business stops when he stops. The merchant and the manufacturer, wherever they go, will be constantly in touch with the prospects, conditions, and details of their business; therefore, they derive no good from a vacation.

COMMUNICATIONS WANTED

We want more short, practical communications, on every-day occurrences in your practice, for publication in *The Summary.* Short sketches of cases, or the jotting down of some favorite formula, which has been thoroughly tested and has not been found wanting, will take very little of your time, and a few moments devoted to transcribing a few notes from your note or case-book, if you have one, if not, from memory, will be of incalculable value and aid to brother practitioners.

HORSE NETTLE IN EPILEPSY

Some years ago reports were circulated by a number of physicians, of the favorable results of horse nettle (solanum Carolina) in epilepsy; lately, very little, if anything, has been reported in the journals relative to the use of the drug mentioned above. If any of *The Summary* readers have had any experience with horse nettle in epilepsy, we should like to receive their report, etc.

Summer Resorts.—Frequently there is no organized health department; no systematic disposal of sewage; bathing beaches are visibly polluted; the fly menace and mosquito danger are not checked; nuisances are permitted without abatement; no supervision is exercised over the water supplies, and no surveillance is maintained over the milk and other food supplies. Under these circumstances, health resorts become death resorts.—*Am. Jour. Pub. Health.*

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

SOME EXPERIENCES WITH HEXAMETHYLENAMIN AS A THERAPEUTIC AGENT

By J. H. Hiden, M.D.

When hexamethylenamin was introduced to the medical profession it was sold as a proprietary medicine under the name of urotropin, and when its formula was well known ($C_6H_{12}N_4$) it was soon sold under other names, as formin, cystogen, etc. It was at first recommended especially as a uric acid solvent. Its antiseptic properties, moreover, were soon recognized, but not fully realized until it had been used for several years for its original purpose.

My first experience with this drug occurred about 16 years ago, while I was attending a very severe case of cystitis. The patient was a delicate man of about 60 years of age, and had been treated for a long time by other physicians. The cystitis was complicated with a urethral stricture. Moreover, when I was called to the case the patient was having daily chills, a temperature varying from subnormal in the mornings to 105 Fahr. later on in the evenings, and often accompanied with delirium. Added to this he had "retention with over-flow." The urine was thick, ropy, ammoniacal and loaded with pus. I soon operated upon the stricture, washed out the bladder daily with a 20 per cent. solution of peroxide of hydrogen and other antiseptics. Under this treatment the chills, fever and the most distressing symptoms were soon relieved, but the urine continued ammoniacal and purulent in spite of the daily bladder irrigations and the internal administrations of the commonly used urinary antiseptics. At this stage of the case urotropin was tried (5 grains dissolved in a glass of water and given every 4 hours). The urine soon cleared up and continued, to my surprise, almost entirely free from pus and ammoniacal decomposition. And it is sufficient to say that under this treatment the patient's condition so improved as to become apparently cured.

Being so favorably impressed by the results of this case I have continued the use of hexamethylenamin for the last 16 years, in the cases of involvement of the genito-urinary tract which are characterized with ammoniacal decomposition of urine, uric acid concretions, pus formation, etc. And just here I wish to emphasize the fact that I have found the drug of almost inestimable value in cases of pyelitis in which the microscope revealed not only casts from the uriniferous tubules, but also large quantities of pus cells, debris, etc. Indeed, I can recall a number of these cases which had been treated with quinine for malaria (owing to their symptomatic resemblance to malaria, namely, persistent frequent chills, high fever of the remittent type, followed with "night sweats" and at times subnormal morning temperature, etc.). It is needless to say that quinine freely administered in such cases only aggravated them. A microscopical examination of the urine of these patients revealed the real condition. A few doses of bitartrate of potassium, the free use of drinking water at frequent intervals, and the administration of 5 grains of hexamethylenamin in water every four hours brought almost invariably astonishingly good results. Indeed, as a urinary antiseptic in such cases I consider it a specific, as it not only prohibits the formation of pus, but even possesses the property of attacking infection in secluded and anatomically protected areas.

Attention to this latter property has been called by Simon Flexner in his superb article on "The Local Specific Therapy of Infections" (*Journal of the A. M. A.*, issue Aug. 16, 1913). In discussing the difficulties of getting the therapeutical action of drugs in these secluded infected areas he refers especially to the cerebrospinal fluid, anatomically protected by the barriers of the choroid plexus. Many experiments were made with a great variety of drugs in an effort to introduce these drugs from the blood stream into the cerebrospinal liquid. Partial success was accomplished with certain nitrites, and it was found that when salvarsan was used intravenously, but not intramuscularly, for a short time detectable particles of arsenic could be found in this fluid. But of all the drugs that were so tested hexamethylenamin was the only drug that would pass the barriers of the choroid plexus and thus gain free access to the cerebrospinal fluid.

Note here we have several important properties of hexamethylenamin. (1) It is a powerful antiseptic for internal administration. (2) It passes through the blood stream while maintaining these antiseptic properties, and with very little chemical alteration. (3) It possesses the peculiar property of penetrating some of the most secluded recesses and anatomically protected areas, and there attacking the products of pyogenic bacteria and other pathological germs where other known therapeutical agents for some unknown reason are prohibited to enter.

While contemplating these properties of hexamethylenamin, my interest was increased by a statement from Vanderhoof in which he extolled its therapeutic value in the bronchitis of children. This use of the drug was at that time rather new to me, and I don't think its value along this line is now generally known. Within the last two years I have had many opportunities to use the drug in bronchial troubles, and am ready to say that the results of its therapy have been most gratifying. Indeed, within the last three months I have treated many cases of simple bronchitis, bronchitis and catarrhal pneumonia, following other troubles such as the "grip," whooping cough, tonsillitis, etc. In these catarrhal conditions I give syrup of "Brown's mixture" with ammonium chloride every 2 or 3 hours to loosen the bronchial secretions and allay the cough, and in addition to this cough mixture a dose (proportionately to the age of the child) of hexamethylenamin, dissolved in a half glass of water, or as much water as patient will drink, is given every 4 hours. This latter drug is given about mid-way between the intervals of the doses of the cough mixture. Children with whooping cough I allow to drink a quantity of water just before taking the hexamethylenamin and then this medicine is followed in a more concentrated solution than is otherwise given in simple bronchitis. This, of course, is to get a more antiseptic effect upon the throat itself. For cases of bronchitis with whooping cough, the treatment is doubly indicated, as also cases of bronchitis complicated with kidney disturbance. Cases of catarrhal pneumonia, "grippal pneumonia" etc., both in children and adults, appear greatly helped by a similar treatment. I have extended also this treatment, in addition to other measures, in several cases of croupous (lobar) pneumonia with apparently excellent results. The number of whooping cough cases in the last epidemic so treated was limited to 14, and as most of these were either complicated with bronchitis or pneumonia the treatment was given for these latter complications. To my surprise, the whooping cough itself in each case showed rapid improvement, the spasmodic "whoops" becoming less frequent and less severe, and the course of the disease markedly shortened. The parents of the children in every case gave me a flattering report of these cases soon after the treatment was begun.

Another feature of great value in the therapeutic use of hexamethylenamin is found in its antiseptic action on typhoid baccili when administered in the course of typhoid fever. To the therapeutical nihilist and the skeptic of the value of all internal antiseptics, we can triumphantly present the action of this drug in its power to kill typhoid bacteria in the urine, thus eliminating from this disease, in no small measure, one of the sources of spreading this infection. If its therapeutical value was limited to only this feature, namely, diminishing the sources of infection in this dread disease, hexamethylenamin should be generally used in typhoid fever as a free beverage. But when we consider its diuretic and antiseptic action—its peculiar property of passing through the blood and invading secluded recesses and anatomically protected areas, and attacking infection in such places, it appears theoretically that it should have a most beneficial effect upon the course of this disease, especially when judicially used as a beverage. This view is strengthened when we consider its double property of being able to attack both pyogenic bacteria and typhoid bacilli in the genito-urinary tract after its internal administration by mouth.

Now in arguing the correctness of this position, I freely admit that I have very little clinical data to support it. My last four cases, however, of typhoid fever were in children, and in addition to my regular treatment of this disease, the free internal administration of well-diluted solution of hexamethylenamin was used in each case. The cases ran typical courses and after the second week in each case the average daily temperature seemed a little lower than is usually the case without the use of hexamethylenamin. All recovered without complications, and I have every reason to believe that the addition of this drug was decidedly helpful in various ways. A more extended and judicious use of the drug will doubtless increase its already rapidly growing popularity.

Pungoteague, Va.

EXTERNAL APPEARANCES OF PHYSICAL CULTURE AS PHENOMENA

By S. R. Klein, M.D.,
Pathologist,
and C. L. Crowley,
Teacher of Phys. Cult. at The Norwich State Hospital, Conn.

No doubt, physical culture as regular exercise has its wonderful achievements. Twelve patients at the present time in the class, but the moral effect on the others is of great consequence. Twelve physically strong men apply to my calls three times a week, between 3 and 5 p. m., in our modern, excellently furnished gymnasium, located on the second floor of the clubhouse. To see these men coming in, their expressive movements, their brave willingness to work, their discipline, subordination, their famous work during two hours, their military exactness, it's surprising for the expert as well as for the teacher.

The most modern instruments are at their command, after the physical drill was performed during 20 or 25 minutes. The muscles become extended and thicker 30 per cent. (one third) and acting wonderfully. Fluctuation, elasticity of the muscles is apparent, tension hard and resistant and last, but not least, the tonicity becomes a working power.

Not only during the two hours of work, but for a long time after not one patient has a desire to pass urine and this phenomenon is already remarkable. The kidneys work O. K. The muscles of the abdomen do not relax, and do not lose their usual tone, *au contraire*, the voluntary just as well as the involuntary, work in a famous way. So far as we could find out, all the patients have a brilliant appetite for supper, do not sweat, their respiration is normal, the pulse normal, the temperature never abnormal.

The most influence is seen upon the muscles of the back, especially between the scapulas and also on the upper arm. In regard to the nerve supplies and their work upon the muscles, we know that the nerves which carry the stimuli to a muscle enter near its geometric center. Many of the fibers pass directly to the muscle fibers with which they are connected. Others are distributed to blood vessels. Every muscle fiber is supplied with a special nerve fiber except in those instances where the nerve trunks entering a muscle do not contain as many fibers as the muscle. In such cases the nerve fibers divide near the termination until the number of branches equals the number of muscle fibers. The individual muscle fiber is penetrated near its center by the nerve where it terminates; the ends being practically free from nerve influence. The stimulus that comes to the muscle fiber acts primarily upon its center, the effect of which then travels in both directions to the ends.

The method we use is the following:

Class formation and explaining the work of the day.

Fancy marching about ten minutes. Free exercises for about fifteen minutes. After that we have so-called breathing exercises during five minutes; dumb bell drill, ten minutes. Horse work on parallel bars, horizontal ladder and gymnastic games are the next exercises on the list.

Professors Schuerger and Demjanowitsch of Austria, also Ernest Von Jendrassik of Budapest, the most competent authorities on this subject had published some statistical data and pictures of gradual increase in the strength of the stimulus on muscle contractions. Another interesting work was done on the fatigue curves, while every twentieth contraction was recorded. Continuous astimultion was followed by a feeling of stiffness or soreness and lassitude. Among the waste products monopotassium phosphate, para lactic acid and carbon dioxide are the most important. These substances, when present in small amounts or in larger amounts for a short time, increase the irritability of the muscle, but when they accumulate more rapidly than they are removed, as is the case during excessive activity, they exert a depressive influence on the irritability of the muscle and thus diminish its contractile power and its capacity for doing work. The more rapidly they are removed, the sooner is a fatigued muscle restored to its normal condition. For that reason, Jendrassik recommends in each case some alkaline drink for the participants, and especially does such chemical digest enormously good to nervous people.

Professor Jendrassik is teaching Mental and Nervous Diseases in the Royal University of Budapest.

Norwich State Hospital, Norwich, Conn.

LET'S TALK IT OVER, BOYS

By "Old Doc"

Top of the morning to you, boys! Well, I see we are all here this morning except those of us that are absent, and I want to say to you who are not present that you had better get present pretty quick if you want to hear what I have got to say about that old disease, appendicitis.

Now I said *old* disease because you know it is said that King Agrippa the Great died of appendicitis. Joseph said he suffered much for five days, and Joseph was said to be a truthful man.

Now we are not told what method of treatment he received, but anyway it was not successful. Almost every day we read of deaths from appendicitis following an operation and no doubt many times it is caused by inexperienced surgeons. In my opinion, in nine cases out of ten this condition is really obstruction of the bowels due to concretions in the alimentary canal and if taken in time and properly treated, a large per cent. of cases can be cured without surgical measures; but anybody who has got sense enough to turn loose a hot poker knows that there are cases where no relief can be afforded but in surgery.

Now, boys, we should use our good common sense in treating attacks of appendicitis, being ready if need arise to operate and operate promptly; that is, if you know how, and if you do not, you had better employ an experienced surgeon. For the Lord's sake, boys, do not resort to the expectant plan of treatment. I often hear doctors say that they amuse their patients and Nature does the work.

What is the expectant plan? Waiting. Waiting for what? Waiting for old Mother Nature to cure the patient without any congenial help.

Waiting to sign the death certificate, and also waiting for the fee. Boys, I consider the expectant plan dangerous, and in my opinion it is for the want of knowledge of drug power and their indications.

If I did not absolutely believe in the remedial power of my remedies to heal the sick, I would throw my pill bags over the fence, quit my profession and join the Divine healers.

Now, boys, I am not boasting or lying, but I do say that in my many years' practice I have never had a case of appendicitis that did not recover under medical treatment and I have treated many, many cases.

When I am called to attend an acute case of appendicitis, I give the following treatment, varying the dose to suit age and condition of patient.

℞	Castor oil	℥ ij
	Olive oil (Squibbs)	℥ j

M. Sig.—Two ounces every two hours, followed by a glass of hot water until bowels are thoroughly cleaned out. Then a half an ounce of olive oil every three hours.

This treatment is followed by high enemas of glycerin and warm olive oil. Cloths soaked in carbolized magnesia kept on abdomen. (Sulphate of magnesia, one ounce; carbolic acid, thirty drops; water, one pint, mixed for lotion). Apply on abdomen as hot as can be borne. If fever is present with small frequent pulse, I give the following:

℞	Dosometric trinity (Waugh)	No. 8
	Aconitine, gr. 1-134	No. 8
	Elix. lactopeptine	℥ij

M. Sig.—One dram every hour or two until fever is controlled. For pain I rely on Glonoin 1-250 of a grain, Hyoscyamine 1-250 gr., Arsenite of strychnine, 1-134 of a grain.

One every hour or two until effect. Pain is rarely troublesome when this treatment is carried out; if it is intense, ¼ grain of morphine hypodermically will afford relief. For the persistent vomiting which some patients have, small doses of specific tincture of ipecac in Cucro's elixir and sometimes a little cracked ice. When the bowels seem full of gas with gripping, twisting pains, I give one-half to one dram of tr. dioscorea in hot water every hour or two until relieved. And ten drops of nuclein solution three times daily.

If there is a suspicion of pus forming and an operation for any reason at the time is inadvisable, double sulphide of calcium, one grain every hour for twelve hours, then every four hours.

The patient should take no food for thirty-six hours; then only a fluid diet in small quantities for several days. Then the patient should be put on a suitable diet for three or four weeks. And to prevent a return after the original treatment, I prescribe one ounce of olive oil before meals followed by a glass of hot flaxseed tea, and the following after meals:

℞ Fld. ext. dioscorea .... ʒj
Nor. tr. echinaceæ .... ʒj
Alkaline mixture .... q. s. ℥iv

M. Sig.—One dram after meals.

With the above treatment I have been successful in all cases of appendicitis I have been called to treat.

No doubt some fellow is going to bob up and say I never had a case of appendicitis to treat and call me an old fogy, but that is all right; let him cuss away, he shan't be noticed. I am practicing medicine to cure my patients, and the more cured patients I have to my credit, the better pleased I am.

Bless your souls, boys, we as doctors have got to do more for the sick in the future than we have in the past or see the surgeon, the specialist, the itinerant doctor, and the patent medicine men increase and grow fat on our failures.

HOW WOUNDS SHOULD BE TREATED

By I. F. Purviance, A. M., M.D.

All separations of the continuity of soft parts are wounds. They may be produced by a sharp edge, causing an incised wound; or by a violence producing a torn condition of the parts, which is known as a lacerated wound; or if the parts are mashed by a weight or force, the wound is of the contused variety. We make these references to the causes of wounds because there is necessarily a great difference in the treatment of cases resulting from one or the other of them.

One of the first indications to be met by the surgeon in such cases is the control of hemorrhage, where it exists. If it is not too great, a little pressure over the wound for a short time will be sufficient; but, if the blood is escaping rapidly, the vessel must be picked up with a tenaculum, or a pair of toothed forceps, and a ligature applied above the wound—if it is an artery, which is recognized by the color of the blood, or by it coming out in jets; if the blood is dark and is popping out in a continuous stream, it is known as venous, coming from a vein, and requires the pressure to be made below the seat of injury. These are facts with which all physicians are supposed to be familiar, but, to make my description complete, it is proper to mention them in their regular order.

With the hemorrhage checked, the next duty is to cleanse the wound of all foreign material, including blood clots, splinters, dirt, etc. Under this heading, I recall a case, which I once treated of a boy who fell in front of a moving harrow; the teeth of which produced lacerated wounds over the head and face, which were quickly filled with dirt as he was rolled over the loose ploughed ground. I found him coated in spots, with a mortar made of earth and blood. I feared, even after all the care I could give him, that tetanus would develop, but he escaped and made a good recovery.

With all wounds well cleansed and hemorrhage relieved, they should be sterilized and closed. At this time, various articles are used as germicides or antiseptics. In my own practice, I have discontinued the well-known bichloride solution, for several years, believing I have a better agent. Better, because it is safer and more consistent with Nature's physiological requirements. I refer to a mixture of aqua creosote with four drams of boracic acid to the pint. This can be used in its full strength, where pain and a high degree of inflammatory action requires it; but in cases where these symptoms are not so severe, it should be diluted with water, after the first few droppings.

Ashtabula, Ohio.

CHRONIC INTESTINAL INDIGESTION AND ITS IMPORTANCE IN GENERAL PRACTICE; WITH SPECIAL REFERENCE TO DUODENAL OR FAT INDIGESTION IN CHILDREN.

By J. W. J. Marion, M.D.

When we find children of one to ten, and even earlier in age, with pale skin, flabby musculature; who are cross, listless, thin, with poor or capricious or abnormal appetite; occasional digestive upsets, with fever, but rarely with vomiting; often subject to flatulence and colic; whose bowels are costive or loose at times—when, I say, we find such conditions, then we must suspect chronic intestinal indigestion, and place this on our list for investigation, as well as other more obvious maladies.

These same signs may occur in other chronic cases, and especially in a tubercular or pre-tubercular condition, but only a careful examination reveals the real malady. If such a child is given tonics, forced feeding (especially fats) fresh air, etc., it may slightly improve, but the underlying cause is not eradicated and a cure is not forthcoming. It may be learned, on close inquiry, that the child eats largely of sweets, pastries, and highly seasoned food. This is usually the keynote—the child's diet. So, in treatment, the diet is also the keynote.

In examining these little ones we find a pale, pasty, flabby, listless and rather thin child, sometimes with rachitic signs, but often not. We find a prominent abdomen and lordosis; otherwise, physical examination is negative. (Tuberculin test is negative; von Pirquet best to use). The urine may have indican present in large amount. The stools tell the story; there a thorough examination is very necessary so that other diseases may be ruled out. The stool examination is *the* important thing and is simple of execution and interpretation. If the physician does not care to do his own examining, the specimen can be sent to a laboratory, but this is unnecessary.

Stool examination: (1) Grossly, the stool may be clay colored, fatty, oily, crumbly, or may be loose, watery and green; it may be foul, usually is well digested and fairly smooth. Infants' stools are either very loose or dry, crumbly and yellow. If a portion be put on paper, there will be left a greasy stain.

(2) Microscopic examination: We will imagine a slide with three successive dots marked A, B, and C respectively, but in reality representing the following: (A) Representing a dot of feces and water, examine and find a homogeneous field, showing well digested food; if neutral fat is present, we see oily drops; if fatty acids are present, we see tiny crystals that liquify on heating. Soaps appear similar to urates (amorphous) in urine examination under the microscope. (B) Represents a drop of Lugol's Solution (iodine) which stains the starch grains blue-black—usually starches are well digested, however. (C) Represents Sudan III (name of red dye), saturated aqueous solution, which stains (when a drop is added to drop of feces and water) neutral fat brilliant red—seen as globules of red. If neutral fat is absent, add acetic acid, warm the slide and examine, and if red globules are present it means that fatty acids are present. Below, diagrammatically, is represented a second method if preferred:

STAIN	NEUTRAL FAT	FATTY ACID	SOAPS
A drop of Sudan III solution on a drop of feces & water.	stains brilliant red	red stain—even crystals may stain red	no stain
Carbol-fuchsin drop on a drop of feces & water	no stain present	brilliant red	dull red

Fat digestion is a complicated and little understood process—it is briefly outlined below for review purposes:

We know fat as occurring in food is rarely absorbed as such, but undergoes rather elaborate changes, being split and re-split into chemical compounds that are better handled by our metabolism. The digestive juices containing ferments accomplish this—bile and pancreatic juices, as well as intestinal juices do this. Therefore, if we found much fat in a stool, either the juices or assimilation or both are at fault. By knowing about what stage of fat digestion there is in a given stool, we can estimate whether there is a serious impairment of fat digestion or not. "With human and cows' milk fat, it is in the form of neutral fat; in normal digestion this is partially split in the stomach by gastric lipase. When the food is emptied into the duodenum, the remainder of the fat is presumably split by the pancreatic juice and saponified by the alkalies surrounding it; this digested fat is absorbed in the small intestine between duodenum and the cecal valve, and only the overflow fat goes into the large intestine with the intestinal secretions and bacteria. There the fecal remains are desiccated and even finally evacuated." (Talbot.)

Thus the presence of no fat in a stool means the juices and absorption are normal. Presence of neutral fat (which results from first gross splitting of animal fat) means that further splitting has not taken place; fatty acids and soaps mean that the splitting of fat has been going still further, but assimilation is poor, or the further splitting of these products is not completed. Reasons for lack of fat absorption lies in the impairment of juices in the intestinal canal (causes obscure); or interference with fat absorption as in tuberculosis or amyloid disease.

Treatment lies in removing the cause of this illness, which is obviously excess of fat. Thus we omit fats entirely and replace them as the patient's condition improves, and as the stools show a tolerance of increased fat. Also, we find an intolerance for starches and sugars in these cases very often, so we also cut down on, or omit entirely, starches and sugars. Then we give a good purgative, as calomel, and use phosphate of soda each day, in small doses; water in good amount, fat free milk (skimmed milk usually has 1 per cent. fat and will answer unless the case is very severe), albumen of eggs; later, eggs whole, meat, broths, and we usually can give a limited amount of starches, but no sugar. All highly seasoned foods, pastries, cakes and desserts of like nature must be omitted for a long time. Then gradually increase the diet, by adding the tabooed articles, but always go very slowly—this is of prime importance. Follow the stools every one to two or four weeks, as needed, and try fat tests as indicated above. Note the indican in urine and the general condition of the patient. Advise fresh air, sunshine, salol, iron, gentian if needed, and an abdominal support temporarily, if indicated, for a pendulous abdomen.

The results are astonishingly rapid and quite satisfactory for parents, child and doctor. The child gains in weight; mentally gets brighter; is happy and playful and wants to eat. The color improves; flesh becomes firmer and the stools have a normal look. Remember the child has been some time getting into his condition, and therefore will take time to regain what he has lost. Go slowly and have patience. It is well to supervise the patient for some months so he will not slip back again.

CASE HISTORIES

(1) Boy, four years old, nervous, irritable, pale, loss of appetite and weight, and going "down hill"; costive, gray stools; had been to a specialist for children, who pronounced the case intestinal tuberculosis, which alarmed the parents very much. The condition had been noticed for months; examination revealed a pale boy, well grown, listless, fretful, thin, with flabby musculature, prominent abdomen and glands of neck enlarged. Pulse 100; temperature 98. Otherwise negative physical examination. Weight 23 pounds; Von Pirquet tuberculosis test negative; stools showed moderate fat indigestion, gray, foul and an excess of fatty acid. Put on meats, some carbohydrates, eggs, broths, skimmed milk; omitted all sugars and fats. In three weeks, the child was better, stools contained much less fat and more normal in gross appearance. From then on, the child rapidly improved in color, temperament and appetite. Gained five pounds in six weeks. Was on gentian and iron. Six months later the child was normal in every way and on full diet.

(2) Boy, 19 months old—a seven-months baby; weight 3 pounds; Cesarean section on mother; child in an incubator for 5 months; always digestive impairment. A bottle fed baby and did poorly. Under Dr. Emmett Holt's care had been doing well lately. When I saw the child it had just been on a long train journey; had been on condensed milk; had a diarrhea of 6 to 7 stools, green and with mucus, but not foul. Child was very sickly looking and had lost 3 pounds in a week; weight 19 pounds. Examination showed a poorly developed, backward child; great pallor and weak-

ness, poor musculature, slight rachitic signs; 12 teeth present; fontanelle closed; abdomen soft, not distended; no glandular enlargements, and reflexes normal. Child put on barley water after being given castor oil. In 24 hours put on milk, low in fat and proteid 7℥ 6 F (1-5.5-1 per cent. of fat, carbohydrate and proteid), malt soup (Loefflund's) was used; beef juice, orange juice, and soon, scraped beef. Child gained slowly, and in two weeks weighed $20\frac{4}{16}$ pounds. Stools normal and once daily. I began to rather rapidly increase the fat and proteid, and in three weeks the child had gained 10 ounces and was on whole milk; five days after this, there was a severe intestinal upset, due to intolerance for increase of fat; stools showed fatty acids, but no neutral fats which indicated that digestion was pretty fair, but child not assimilating well. Child then put on a O-1-1^{50}; in ten days had straightened out and gained one pound; had two daily movements; no fat present and well digested. Child now on 6 grams fat in 24 hours, 730 calories: representing 32 ounces fat free milk, 5 ounces Loefflund's malt soup, graham crackers, orange and beef juice, meat broths, rice and cereals. In a week another slight upset, but easily straightened out—this was from too much carbohydrate. In two weeks was on 1^{20}–4^{50}–3^{50} formula of milk; weighed $22\frac{10}{16}$ pounds, and from then on did well. Very soon child got on whole milk and a more liberal diet. Weight increased, color better, musculature firmer, stools normal and no fat present. In two months from this time child was normal and weighed 27 pounds. Thus, each time fat added too fast, there was a definite upset. So this case well illustrates the folly of trying to increase the fat too early in a patient sick so long a time.

(3) Girl, 3⅔ years, illustrates a very severe and fatal case of long and early digestive difficulties, with resulting fat indigestion, and later on intestinal indigestion; finally a condition best described by the term, infantile atrophy, or the marasmus of early nomenclature. This child was of neurotic parents, with an environment of luxury. She had had many attacks of vomiting, with mucus and gray stools, very loose and very foul with curds present. In past year had an attack of uncompensated heart with her vomiting attacks; stools showed neutral fat, fatty acids and soaps. Child very frail, anemic and restless. Case came under observation too late for benefit. Various methods of feeding tried, but all to no avail, and death ensued in three weeks from time the case was seen. This is but a rough outline, but it illustrates a severe condition that early might have been helped or cured by proper treatment.

(4) Baby, 9 months old, on breast but 10 days, then put on condensed milk; weight 15 pounds. Diarrhea, green stools with mucus present, but no blood; 18 stools in 24 hours; child rapidly failing, very pale and emaciated. Put on 1^{50}–5–2 ℥8 F6. Stools showed fat curds on this mixture and diarrhea continued 7 times a day. In 2 weeks raised but one-half per cent. fat, yet this caused a setback. Then put on O–6–0.75, and the child did well on this. Finally, in 2 weeks put on 1–7–2, ℥49; stools normal brown color (malted milk used for extra carbohydrates), once a day. Brought to whole milk gradually from this, and showed a steady gain in weight, strength and general appearance. This, we see, is a severe case at onset, but taken promptly, the child improved with but one setback. It couldn't take as large an amount of fat as a child should at its age, but it did well on a low fat, and increased sugar and proteid. With infants, fat digestion seems to be easily unbalanced by wrong feeding. This infant had the type of stools found in these cases often—watery, foul, soft, white curds and mucus. These curds mean fat indigestion; the crumbly yellow dry stools in infants on artificial food, who are doing pretty well, simply means they have just a little more fat than they can manage, but are not sick from it—this can be straightened out by diet. Don't use cathartics blindly is the lesson in constipation in children. (The last two cases in a children's hospital.)

In conclusion: Pale, irritable, flabby children or babies need study. Don't think they will outgrow it. Are they not entitled to a fair and proper diagnosis? If it were one's own child, the more study, the better; so with all children in general practice—study them. Investigate stools especially in these cases and put on fat and sugar free diet; we must first have in mind the possibilities, then make our diagnosis, and then we can treat rationally. These cases are easily handled with great satisfaction to patient, parent and practitioner.

For references see:

Holt: "Diseases of Infancy and Childhood."
Kerley: "Treatment of Diseases of Children."

Talbot: "Physiology and Pathology of Fat Digestion in Infancy."

Amer. Journal of Diseases of Children. (March, 1911: Vol. 1. pp 173—192)

Norfolk, Va.

PRACTICAL TREATMENT OF ALCOHOLIC ADDICTION; FORMULAS INCLUDED

By Chas. L. Lang, M.D.

I realize that my subject is not an attractive one. The drunkard is not a pleasant person to associate with and yet there are many men in every community, who would be among the most useful citizens if they could shake off the craving for alcohol.

Ten years ago I drifted into the treatment of the alcohol habit, as medical director of a private institution, which removed from the city to my village. The business manager was an intelligent layman who had himself been treated successfully ten years before and had continued in the work thereafter. He brought with him several formulas, and a certain rule of thumb expertness acquired during the ten years' experience in waiting upon patients. After ten years of experience in this work, during which time I have treated more than 200 patients, I have come to form certain opinions, as to the class of men liable to be benefitted by the treatment; the methods of treatment adapted to different cases and the causes of failure in certain cases.

The men most apt to remain cured, are men of family, who detest the thralldom of the habit, and would be glad of relief. Sports and men about town, with plenty of money, do not generally make as good cures. Dipsomaniacs, or those whose brains have suffered structural changes rarely get any permanent benefit. I have read Dr. Lambert's description of his treatment and consider the one I will describe to be more desirable, as it is easier to administer, and surely takes away the appetite for liquor. Among all those who have relapsed after treatment, I have yet to question one who said that he took the first drink because he wanted it—various other excuses are given. About twenty residents of Auburn have taken the treatment at Cato. I have treated two physicians; one eight years ago, and the other in June, 1912. Each of these gentlemen had tried various forms of treatment and each stayed free from the habit. I will briefly describe the treatment of a simple case:

The patient usually comes in on the train, unannounced, with a sober companion, himself nearly sober, but clamoring for a drink. After taking his history, treatment is begun. The first thing is a drink of whiskey—some are suspicious that the liquor is "doped," in which case, they can supply their own liquor; a dose of "black strap" is given, from 20 drops to a dram. I will refer to the remedies by the names we use at the Cure, and the formulas for same will be given at the end of this article. After the "black strap," the patient next receives 10 minims of the "white hypo." In about half an hour, on an average, the patient presents certain symptoms to the physician, which the friends and other patients about the room may not notice, such as scowling, spitting, changing chairs, etc. If asked how he feels, he usually says "fine"; now he is given another drink of whiskey which usually is promptly followed by vomiting, and by the patient given all the blame; half an hour later, the patient is given a dose of compound cathartic pills, and for the next few hours urged to drink milk and raw eggs. If he is very tremulous, he is given a glass of milk into which a rounding teaspoonful of cayenne pepper is thoroughly stirred. Patients are regularly treated at 8 a. m., 1 p. m. and 7 p. m. We rather prefer to have them begin treatment in the afternoon, taking only one "sick treatment" the first day. In such a case, at my morning visit, I usually find that the patient has had three or four glasses of milk and egg during the night; that the bowels have moved freely, and that he has called for a drink two or three times during the night, and has fretted for another when told to wait until 8 o'clock when the doctor comes.

I gave him 12 minims of "white hypo," a liberal drink, a dram of the "black strap," and a dram of the "elevator" in an ounce or two of water; this is followed half an hour later by the same sequence as before, but more prolonged and sustained; the patient usually begs me to wait when I offer the drink, and often vomits up four or five drinks as last as I can get him to take them—sweating and considerable fatigue usually occurs at this time; nothing is said to relieve the whiskey of all the responsibility. At one o'clock the patient may say he has not wanted a drink, nor does he wish any, in which case he is given a fair, sensible explanatory talk about his condition and the responsibilities, and he receives simply the 12 minims of "white hypo" and a dose of the "tonic"; this "white hypo" and "tonic" three times a day, constitute the treatment from now on until the end of the three weeks; every two or three days, a "gold shot" is substituted for the regular "white hypo"; we occasionally are obliged to give a dram dose of the "sedative" at night for the first few nights, or a dose of fluid extract ergot, for its well-known effect upon the cerebral circulation.

The enforced absence from home in a quiet village where every one is friendly to the "Cure," helps the patient to reform. Probably, sixty men get their mail at Cato post office, who have taken this treatment and made good. The moral influence of these men over the patient as they meet in post office, barber shop, etc., is good. No restraint is placed upon the patients after they are thoroughly sober and rested. The dose of the "white hypo" is increased gradually until the maximum dose is reached, in five or six days, and this dosage is maintained until the 16th day, when it is gradually reduced, so that the last shot is not more than four minims. No alcohol, in any form, is given after the sick treatments are finished; in case a third or fourth sick treatment is necessary, the dose of "black strap" remains the same, but the dose of "elevator" is increased a dram each time. Those of *The Summary* readers who have read the romance called "John Barleycorn" by Jack London, published in the *Saturday Evening Post*, will appreciate the following poem by Gelet Burgess:

THE LIGHT THAT LIES IN BEERS AND RYES

(Or the Quest for Alcoholic Copy.)

Dedicated to Harry Leon Wilson and Jack London.

Oh, a splendid souse for a night's carouse is
the author of "Bunker Bean";
He will stay with a soak, and drink, and smoke
till he's stewed to his ears and een.
He will hold your hand, and he'll treat you
grand—he will buy and buy, and buy—
And where'er you roam, he will carry you
home, but—what is the reason why?

Oh, it isn't because what you thought it was—
a Bohemian brotherhood—
For the rough-neck never can mingle ever with
guys of the high-brow brood;
No, he's out for the stuff, and he gets enough
in a single jag, almost,
For a tale—a bird—at a dime a word in *The
Saturday Evening Post.*

Oh, bully good fellow when you get mellow,
is the author of "Barleycorn";
He will stand you drinks till the barkeep
thinks he was pickled when he was born;
He will hug your shoulder and when you're
bolder he'll keep you from getting fly;
He'll act like a brother to you—or another—
but—what is the reason why?

It isn't that you share a mutual stew; you're
a tradesman—but he has a name,
And the man in the street isn't worthy to
meet with a gent from the Hall of Fame;
No, he's out for the copy, when you're getting
sloppy; he will get every symptom and boast;
For the things a mut hollers bring 8,000
dollars in *The Saturday Evening Post.*
—*Gelet Burgess.*

While appearing to be perfectly frank and truthful in his supposed autobiography as a drinker, I cannot believe he has really been truthful, and certainly his conclusion that he can now be a moderate drinker is fallacious. No one who has ever been a drunkard can become a moderate drinker; the cure makes no difference, a drink or two will probably call back the appetite just where it was when put to sleep.

No doubt, the *Summary* readers are as well qualified as I am to explain the action of these remedies; it occurs to me that the "black strap" may act upon the vomiting center of the brain, much as an overdose of alcohol would, so that the liquor seems to produce the emesis, on the same principle that induced sneezing often cures an attack of hiccoughs. I confess I do not know the special indications, if there are any, for the "gold shot"; I have treated cases just as successfully without it, and am inclined to use it in the cases of men broken down by excesses, and who are really or apparently suffering from senility.

In comparing this treatment with the Lambert treatment, it will be noticed that Dr. Lambert lays great stress upon elimination in the early stages of the treatment. He relies upon heavy doses of compound cathartic pills combined with calomel. We get a part of the desired result with our emesis; the muscular pressure which the liver gets during the emesis following the "elevator" seems beneficial. Attendants and former patients, who bring new patients, notice the bile stained mucus thrown off at this stage of the treatment with satisfaction, and they refer to it as the "long-green." "Ah! now you will feel better, there comes the "long-green" is a frequent remark. In effect then, the skilful operator easily gives the patient the mental impression that the whiskey causes the vomiting, an impression entirely lacking in the Lambert method. This is a very valuable psychological impression. Dr. Lambert refers to the value of psychoanalysis. Advanced patients often turn pale and are obliged to leave the room when they try to watch a new patient in the throes of these sick treatments. "I remember how deathly sick that last drink made me" is their explanation. Dr. Lambert's hourly doses of the belladonna mixture with dosage gradually increased, is to be compared with our hypodermics of the "white hypo" three times a day.

After thirty years' continuous practice of medicine, I can say that I have not seen any more positive and uniform effects from drugs than we got from this treatment in removing the desire for alcohol. No treatment will make a drunkard over into a normal man. He must not take alcohol into his system, unless he wants to reawaken the old craving. I have not said anything concerning the treatment of drug addiction; I have never undertaken the task and presume I never will.

I will now conclude by giving the formulas for "white hypo," "gold solution," "black strap," "elevator," "sedative," and "tonic"; the use of capsicum and the preparation of the "tonic" with a non-alcoholic menstrum, are additions of my own to the formulas, as I received them:

"The Tonic."

℞ Tinc. calumba,
Tinct. gentian comp.,
Tinct. cinchona comp.,
Syrupi simplicis.................aa ℥j

M. Sig.—One dram t. i. d. in water.

Theoretically, the alcohol is an objection—so I have had prepared a non-alcoholic solution of equivalent strength, which suits me better. We have had several patients send for a bottle of the tonic after leaving, and one or two remarked that it tasted like booze—hence the change.

"White Hypo"

℞ Strych. nitrate...................gr. viss
Atropine sulph....................gr. iss
Camphor gum (a small lump)
Aquæ puræ.......................℥viij

M. Sig.—The White Hypo: POISON.

"Black Strap"

℞ Fld. ext. ipecac

"Elevator"

℞ Antimon. and potass. tartrate
(Saturated solution.)

"Gold Solution"

℞ Chloride of gold and sodium.......gr. xj
Aquæ puræ.......................℥viij

"The Sedative" is the usual bromide and chloral prescription, flavored with wintergreen.

Cato, N. Y.

THE PREVENTION OF VOMITING AND SHOCK AFTER CHLOROFORM ANESTHESIA

By E. Stuver, M.S., M.D., Ph.D.

On March 24, 1899, I first resorted to the use of cocaine painted on the nasal mucous membrane to prevent vomiting during chloroform anesthesia. It acted very nicely and prevented the vomiting in nearly every case, although some of the same patients had nearly died from vomiting in previous operations. My opportunities were quite limited, but in the July, 1903, issue of the *Denver Medical Times* I called attention to its use in a short article in which I wrote as follows: "Meyer and Prebrium in 1873 showed that gastric irritation inhibits the heart's action. Guirni (See J. A. M. A. May 2, 1903, page 1210) has observed "That irritation which may arise from irritation of mucous membranes affecting the pneumogastric and other nerve filaments, is strikingly observed when the nasal mucous membrane is irritated and may cause an inhibition of the heart action." If this be true, can we not by obtunding the sensibility of the nasal mucous membrane and thereby removing this source of reflex irritation, not only greatly reduce the frequency and severity of the vomiting, but also the danger of cardiac and respiratory failure as well as the shock resulting from operation?" In 1904 I anesthetized a patient who had a weak heart and had been told by a number of physicians that she could not take chloroform. To fortify the heart I gave her before the operation eight drops of adnephrin (1 to 1000) and also painted the nasal cavities clear back to the throat with cocaine 10 grs. to one ounce of a 1/4000 solution of the adnephrin. She took the anesthetic very nicely without any heart failure, weakness or shock of any kind and made a prompt recovery. Since that time I have always used this same preparation in cases where I administer chloroform. I have given it in over 100 cases since that time and have never seen any bad results of any kind and there have been only a few cases of vomiting and recovery has been prompt and satisfactory. In some cases a 1 per cent. solution of cocaine has been used. Any one who will use this solution as above described and apply it thoroughly, noting how it dilates the nasal passages and how much more freely the patient breathes, and how much better the general condition is than without it, will not fail to use it. While I have not been able to give the specific reasons for this reduction of shock and the general well-being following operations, I have been firmly convinced of their existence and have called attention to them at medical society meetings and elsewhere on numerous occasions, and while some physicians manifested considerable interest in the method, by others it was received with that supercilious toleration which some so-called "great men" are very apt to bestow on any new suggestion. In view of these facts it affords me a great deal of satisfaction to call attention to a paper read before the Academy of Medicine of Paris (see *Journal A. M. A.* p. 1211, April 20, 1912) on March 5, 1912. In this paper, prepared conjointly with Drs. Herrinschmidt and Beauvy, Prof. Delbet shows that chloroform produces pronounced changes in the suprarenal glands of which the article in *J. A. M. A.* speaks as follows: "Without intending to attribute all the sequelæ of chloroform anesthesia to alterations of the suprarenal glands, Dr. Delbet is thoroughly convinced that certain of these sequelæ are due to these alterations, and that it is possible to diminish or avoid them by reinforcing the insufficient suprarenal function by injections of epinephrin or of extract of suprarenal glands. There are, indeed, certain sequelae which are entirely attributable to suprarenal insufficiency. Operative shock is one of these. It is characterized essentially by asthenia and weakness of the pulse, which are the symptoms of suprarenal insufficiency." For ordinary operations, Dr. Delbet injects 0.4 mg. (about 6 minims 1/000 adrenal in or similar solution) before the operation and in severe operations he uses 0.6 mg. suprarenalin at one dose, or if needed repeats the doses until he has used 1 mg. in 24 hours. According to his experience with more than 1000 patients, epinephrin administered subcutaneously diminishes and in the majority of cases entirely suppresses operative shock. I am convinced that a free application of my solution to the nose clear back to the pharynx acts in the same way but probably does not have such a pronounced effect. I would be pleased to have physicians try my method and report results to me.

216 E. Oak St., Fort Collins, Colorado.

ON AUTO-INTOXICATION

By George L. Servoss, M.D.

Not so very many years ago a few of us said that we believed that many cases of acute specific diseases were due, initially, to an intoxication other than that produced by the specific causes of such conditions. We were supported in this contention by Charcot and a few other European investigators who had reached their conclusions after the study of case after case. They, like ourselves, had found that the clearing of the alimentary canal had a good effect in relief of many symptoms peculiar to the specific diseases and these not seemingly due to the specific causes of such conditions. They also noted that individuals in absolutely good health were far less prone to the attacks of acute infections than were those showing a lack of vitality—that lack being undoubtedly due to the effect of toxins absorbed from the bowel, and not from the effect of any specific bacteria.

Our American authorities, the writers of text-books, would not accept these ideas, for one reason or another, and they even spoke scornfully of the few who had the temerity to even suggest that the Europeans might possibly be correct. And all probably for the reason that the idea did not originate in America. The same jealousy that has been shown for all things not originating on this side of the water and among our own medical men.

The idea of auto-intoxication was brought to this country something like two decades ago, but, with the exception of a few, no one accepted the idea for another decade or more. In fact, in many of the text-books having to do with etiology of disease, nothing was said of auto-intoxication until very recently.

The man who accepted this idea said that, while the bowel might, in a measure, be active, it was possible that sufficient effete, organic material might possibly be retained in the bowel to form a nidus for bacterial growth with the subsequent formation and absorption of toxins. Not only did he make such contention, but he proved it through the active clearing out of a seemingly active bowel, with restoration of normal condition. Those who contended to the contrary insisted that, if there was such a thing as toxemia from this origin, it could not be unless there was a marked stasis of the bowel, and furthermore, that there could be no such thing as an absolutely *clean bowel.*

The few who accepted the idea of toxemias of this character went quietly on their way and made every endeavor to obtain a measurably, if not completely clean bowel, and it was seen that such men were, in a very large measure, successful in their work—that their patients, regardless of the specific disease under observation, were showing quicker and better recoveries. Then, and then only, did the so-called authorities begin saying anything in their writings about any such thing as a possible auto-intoxication. Even then, they would not accept the nomenclature adopted by those who had contended that such a condition existed. The latter had called the condition by various names—auto-intoxication, auto-infection, toxemia, acidemia and toxin absorption. They had, in a considerable number of cases, found an excessively acid condition generally, and this they called, probably for want of a better name, acidemia. Those who would previously have nothing of the idea, at all, would not accept this name, but substituted therefor acidosis. It is possible that the latter is the better title, as there is surely a condition of acidity. However, regardless of the name, it still remains a fact that the few expounders of the idea of toxin absorption are being shown to have been correct from the very beginning, and today, in the later editions of the text-books devoted to the discussion of diseases, we find the authors having much to say about auto-infection, auto-intoxication, toxemia and acidosis.

Although they may make such admission, they are not as yet accepting the idea that it is possible to clean up the bowel subsequent to the clearing out thereof. They still cling to the idea that it is an impossibility to reach every nook and cranny of the intestinal tract and make it aseptic. Because of this probable impossibility, they say that the antiseptics are practically worthless, as applied within the bowel.

But are they right in this contention, and can they prove this to be a fact? Granting that it is an impossibility to render the gut thoroughly aseptic, through destruction of the micro-organic life therein, does it necessarily follow that the agents directed against such life are necessarily inert in their effect? These authors say, "clear the bowel of its contents as an initial act in the beginning of all treatment," but here they stop short and do nothing else. The man who has accepted the idea of toxemia from absorption of poisonous bodies from the bowel, goes a step farther and administers his antiseptics and with the noticeable fact that conditions are more markedly improved than in those instances where a clearing of the bowel has been the only act on the part of the physician.

With its many twists, crooks and turns, it is undoubtedly impossible to clear the bowel absolutely of its contents and it is very probable, even after a thorough catharsis, that, here and there, will remain a nidus for the growth and proliferation of toxin-producing bacteria. While antiseptics, directed to the destruction of such bacteria, may not accomplish all that is anticipated, still it has been the observation of many men that they surely do act to inhibit the toxin-producing functions of these organisms—that, with the exhibition of the intestinal antiseptics, there is marked change for the better.

The recognition of the condition of auto-intoxication has had much to do with the wiping out of the idea of "self-limit" in connection with many of our acute infections, but in the minds of some of the authors the idea still seems to cling with the proverbial "bull-dog tenacity." If you will pick up the average work on practice you will still see, staring you in the face, the words, "This disease is self-limited," but most of the authors a few lines on show an inconsistency which cannot be understood, as they are now saying that treatment, properly applied, may act to shorten both the course and severity of the disease. They then go on to tell you that toxemia, other than that due to the specific cause of the disease under observation, may have an influence upon the condition and that a clean bowel is the first thing to obtain, but they still cling very largely to the old idea of things, that a clear intestinal tract favors better action from remedies subsequently administered. In other words, they are loath to admit that the clearing of the bowel has any other benefit.

That a toxemia, from absorption of poisons from the bowel, has a considerable bearing upon disease incidence, is without a doubt in my mind. I have noticed, in case after case, that, in practically every case coming under my observation, regardless of its specific character, there has been a toxemia prior to the attack of the particular specific condition and that the latter has been due to a lowered vitality, allowing of the attachment of the specific organism. I have also noticed that, after a proper clearing out and cleaning up of the bowel, the specific symptoms of the disease under direct observation have been markedly mitigated. Not only has this occured in those conditions in which the bowel has been directly affected, as typhoid and diseases of that type, but the same has been true in pneumonia and other conditions in which there has been no direct intestinal involvement. The cleaning out and cleaning up of the alimentary tract has the effect to remove the possible nidus for toxin production and the patient has only to contend with the specific disease producing cause, without any complicating factor.

I also believe that many of our chronic conditions are due, and that very largely, to toxemia of this type, and I believe that I have been able, to my thorough satisfaction, to demonstrate this as a fact. In several cases in which there have been all sorts of vague signs, and with nothing of a specific nature, I have found a profound condition of acidosis, and with the clearing of the bowel, with subsequent antiseptic treatment, combined with eliminants, I have seen many, chronically ill for periods of from months to years, show recoveries so prompt as to be amazing. Even without the eliminants, I have seen marked acidosis reduced quickly, following the clearing out and cleaning up of the bowel.

Even though the intestinal antiseptics may not absolutely destroy all bacterial growth within the gut, they undoubtedly inhibit the toxin-producing action thereof and such being the case, it is my idea that the physician who refuses their use is criminal and that he is not giving the patient the advantage of all that is his due. Regardless of the fact that typhoid fever may continue, even after the exhibition of the intestinal antiseptics, if it can be shown that the symptoms are mitigated thereby and that recovery is more prompt because of their use, they should be employed, as routine practice, in every instance. And this has been clearly shown in the practice of a vast number of physicians. If it can be shown that pneumonia is benefited in like manner, it is criminal to disregard the bowel and say that all the symptoms are due to the specific toxins of the disease. And this holds good in every instance in which there is the least sign of auto-intoxication, other than that due to the specific cause of the disease under observation.

The time is rapidly approaching when our authorities will have to accept these ideas as the truth absolutely. When they have been accepted in their entirety we will hear less of the "self-limited" diseases, as there will be no such things. Furthermore, such acceptances will mean a more rapid restoration of drug therapeutics, as it will be shown, and very conclusively, that, with a clean bowel, many of the supposedly inactive drugs will become active and do all that is claimed for them. The day of clinical, rather than laboratory, idea of drug action and effect acceptance is rapidly approaching and we will not accept any remedial agent, or reject it, for that matter, simply because some laboratory worker has told us that it is without seeming effect when applied to some healthy animal. The intestinal antiseptics have been very largely thrown aside through such ideas having been promulgated by workers in the laboratories and have only become popular, to any extent whatsoever, through reports of observations following their clinical use and application. The laboratory worker has told us that an acidosis or auto-intoxication cannot exist with a moderately active bowel, but clinically we have proven the contrary as a fact. He has told us that it is an impossibility to render the gut to any extent aseptic, and again have we proven him in error—markedly so.

And it has not been the so-called authorities who have established these facts, but the men of the rank and file—many of them country practitioners—the men in the active practice of medicine and not consultants in any special lines of endeavor. It has been the men who observed their patients from the initial symptom to the very last, and not the man who sees a case in consultation and then possibly never again. It has been the man who has applied his remedies to the sick human, rather than to the healthy animal, who has demonstrated that Charcot was right when he said that not less than 75 per cent. of all diseases were due, initially, to an auto-intoxication caused by other than the specific cause of such disease. It is this man who has shown the public that drugs, properly applied, beget results. It is this man who is forcing the profession, as a whole, to practice medicine properly and with the idea of the best interests of his patient in mind at all times. It is such a man who is revolutionizing the medical practice and discouraging the patronage of the cults and quacks.

138 North Center Street, Reno, Nevada.

The water in which instruments are sterilized should be slightly alkalinized. This will prevent rusting. A little bicarbonate or carbonate of either sodium or potassium will answer the purpose.

One ounce of sassafras oil to seven ounces of alcohol is said to be a good remedy for poison ivy.

LEGAL LIMITATION OF FAMILY LIMITATION

By G. Henri Bogart, M. D.

It is impossible to loose our clutch on the past; to turn triumphant to the glorious, glowing future. Time was when child-bearing, as abundantly as possible, was demanded as the highest patriotism and the sunset of that era tinctures the vision of the majority who refuse to turn their faces eastward to the dawning of the day of higher quality of offspring with better opportunity. Every mechanical, chemical or electrical energy or other storehouse of infinity that is unlocked means more and more for the well born, the trained and the intelligent; with more of deprivation and suffering and idleness for the ill born, the untrained, the human machines; each mecanical advance means a corresponding cheapening of the muscled machine. With the death rate of white America at but fifty-seven per cent. of the births, the thoughtful economist wonders how we are adequately to provide for the geometric increase in population. Estimate for yourself what this will mean in a century.

The average of last month's vital statistics from twenty-seven States, gives a birth rate of 21.4 with deaths at 12.3, a percentage of the former of slightly above 157, and at that, births are not so well reported as are the deaths. It is true that we are hearing a horrible howl about "race suicide"! It is true that we have listened to woeful prophecies on the decadence of France. That nation has at least allowed the French mothers to know and practice the knowledge that shall give her the same right to exercise equal discretion in the crop of boys and girls that she shall produce and rear properly, that is granted her with her hens and rabbits. The proof of a theory is found in its results. France has presented to the world her matured children of love and desire, who have dumbfounded us by hurling back the millions at the Marne; France, from the industry and thrift of its common folk has been able to finance this war from the blue stocking bank; France has presented a new race with firm, optimistic fortitude and lofty national courage which tells that France has been breeding men and women of quality, rather than of mere mass quantity.

Here in America we are justly and anxiously alarmed at the swelling tide of degeneracy and feeblemindedness that rises higher and higher each day of each year. There is a law on the Federal statute books that directly accounts for this, a law that imperils every honest, sympathetic physician.

Section 10,415 of the Federal Statutes, being section 245 of the Criminal Code, reads:

> "Whoever shall bring or cause to be brought into the United States or any place subject to the jurisdiction thereof, or shall deposit or cause to be deposited with any express company or other common carrier, for carriage from one State, Territory or District of the United States, or place non-contiguous to but subject to the jurisdiction thereof, to any other State, Territory or District thereof, any book, paper, letter, writing, print or other matter, or any drug, medicine, article or thing, designed, intended or adapted for preventing conception, or any written, or printed card, letter, circular, book, pamphlet, advertisement or notice of any kind giving direction, directly or indirectly, where, how or of whom or by what means any of the hereinbefore mentioned articles, matters or things may be obtained or made; or whoever shall knowingly take or cause to be taken from any express company or other common carrier, any matter, article or thing the depositing of which for carriage is herein made unlawful, shall be fined not more than $5,000 or imprisoned not more than five years, or both."

Doctor, do you note that there is no extenuating circumstance, no medical necessity to shorten the rigors of this most infamous law?

For instance, you have a patient whose pelvis is so distorted that her child must be dismembered and taken away, it is absolutely certain that she can never mother a living child, she has her absolute right to sexual relations, as has her husband, yet this law makes no provision for your procuring appliances, or writing prescriptions. And no matter how desirous you might be to help her, you will find no reliable literature, for even if published, it would be barred from transportation, by the inflexible intolerance of this law.

Not only so, but through decoy letters, men of prominence and of the highest honor have been driven into bankruptcy and the convict's cell.

I have been the target of these decoys, the most pathetic being that of a woman of culture whose husband had been hopelessly crippled in an accident, leaving her to provide for him and her little ones.

She was a womanly woman, and she loved her husband. The coming of another child would mean an enforced stoppage of her ability to work, and an added burden, with corresponding lessening of opportunity for the children born before the evil days had come upon her. Could I tell her how to avoid further pregnancy? I could, but I did not, because I dared not. I could have told her to live a life of celibacy, but would not. She had certainly done her share and more, with five children contributed to the citizenship of the nation.

She with her husband were heroically meeting the bitter dictum of Fate. Their gladness had been curtailed sufficiently without tearing away the joys of connubial love. I had this case investigated, and as the community in which they were supposed to reside was small, I was enabled to be certain that the poor, pitiful plea was a foul lie, a trap. Had I allowed my sympathies and sense of justice to outweigh my prudence, I would doubtless be a convict today. One pathetic appeal pretended to come from the motherless and only daughter of a physician about to marry a young professional man; she did not desire children until they had gained a start, she had read a paper of mine "in a journal in papa's office," could I tell her, etc. I believed her, but did not tell her. Since then I have had the identical form letter, three times from different sections and in different handwritings. Another told of a dead husband, a brood of children and a pregnancy; could I help her? This case was traced and found false.

You ask who set these traps. I do not know, but I am careful to avoid them, and to avoid violation of the law, no matter how unjust and wicked I may consider it. Socialist writers advance the claim that this law has been secured and its enforcement is financed by capitalistic influences, that the overplus of crude labor may glut the markets and render easy the enslavement of the toilers.

Kirkpatrick, in his "War, What For," best expresses what Socialism believes in this line. He says:

"Kings, emperors, czars, capitalists of all lands are interested in the problem of 'race suicide,' eager that every working class mother shall become a breeder for more soldiers, for a larger army of the unemployed, that they may, in the industrial civil war, more tyranically dictate wage terms, more easily secure substitutes."

Mrs. Margaret H. Sanger, the mother of three children, is publishing a magazine in New York, "The Woman Rebel," in which she prays for smaller families, such as the worker can adequately rear. She says: "It is only the workers who are ignorant of the knowledge of how to prevent bringing children into the world solely to supply the millions of soldiers and sailors to fight the battles whether for the ruling, or the financial classes."

The charitable associations of New York City have conducted a grewsome series of investigations to ascertain the extent of the penury following the enforced idleness caused by the great war. A stevedore was found, out of work, with a family of ten children, the oldest thirteen. All were crowded into one horrible hole in a slum tenement. The children were making artificial flowers, down to a little chap of three, and earned 84 cents a day for all. The mother, as was to be expected is pregnant. Now were I to give to her the simple, wholesome means and knowledge of how to stop this crime of over-childbearing, I would be liable to heavier punishment as a criminal, than is the average meted for murder.

I use the term "crime of over-childbearing" advisedly, for the bringing of children into the world under such circumstances is a worse crime than the cutting of the throats of the babes at birth. We read of those who "kill the body, and those who slay both soul and body."

It is incontestable that the spiritual and intellectual life of children, so born and reared will be stunted, starved and brutalized, even the mere physical existence will be lowered to the standard of automatons, cheap machines.

A farmer who allows half a dozen or more stalks of corn to grow in a hill will go into bankruptcy, his neighbor who grows but two or three plants in a place, has not only the quality, but at the same time a larger aggregate of results, as in the case of the French people of today.

Agriculture emphasizes the necessary thinning and selection for quality as well as production, and then shuts the only scientific avenue to the securing of similar common sense in the most important crop of all, that of humanity.

Mrs. Sanger tells the whole truth in saying that it is the submerged classes, those least able to give development to the citizens of the future, who are most denied the knowledge of control.

The undesirable result follows, that those best able to rear children are breeding the smaller families, and the mass of the undeveloped grows proportionately larger all the time, when scientific development of mechanical appliances calls for a diminishing proportion of crude labor.

Under the withering influence of the law as quoted, the physician's text-books are forced to silence on this question, and the doctor himself can learn nothing save by indirection. Methods crude, harmful and unscientific are used. The origin of sterilization of the unfit, was found in the illegal and criminal operations upon the daughters of wealth, who sought an operation and the total loss of maternity as a protection from childbearing. When the first vasectomy law was passed in 1907, I hesitated to report it until August, 1908, fearing that the heralding of the new law would be held constructive violation of the Federal law.

We hear a great deal, through the journals, of the evils and dangers of coitus interuptus, the "withdrawal" of the laity, but mainly as to its ill effects upon the man that is exploited, whereas, it is the woman who is the principal sufferer. Her womanhood is aroused to the highest pitch, then rudely denied, and the shock to her nervous system is far worse than to her mate.

Oh, the uncounted thousands of homes that are converted into infernos, wrecked as a consequence of this gross substitute for decent and harmless methods of prevention.

To be sure, the general diffusion of the knowledge of the prevention of conception would result in some wrongs, the safeguard would be used to allow the gratification of illicit passion, but there is no good that is not capable of perversion, which is sure to be exerted, to a limited extent; no one would close the churches because some hypocrites steal the livery of heaven to serve the devil in.

The decrease of abortion would more than counterbalance the evil.

As the law now stands, it is a gross insult to every medical man in the nation. We are classed as a dangerously criminal profession, who must be curbed without recourse. An organized and intelligent effort of the numerous and influential body of American physicians would do much to secure the repeal, or at least the amendment to this statute, with all its harshness, injustice, and danger to the commonwealth.

Doctor, do you know that many of the States have laws even more drastic than that of the United States? Do you know what your own State provides in this respect?

Paris, Illinois.

STRICTURE OF THE URETHRA

By Henry H. Morton, M.D.

Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to Long Island College and Kings County Hospitals, and the Polhemus Memorial Clinic, etc., Brooklyn, N. Y.

Organic stricture is a ring of fibrous tissue surrounding the urethra which interferes with its dilatability, later contracting and causing a narrowing of the urethra canal. Its causes are:

1. Gonorrhea.
2. Traumatism causing a rupture of the urethra.

Clinically two varieties are recognized:

1. Soft or recent, in which the infiltration is recent and the small round cells are not organized.
2. Hard or organized, in which cicatricial changes have taken place.

Forms of strictures are:

1. Linear, which consists of a fine band of fibres.
2. Annular, in which the band is broader and firmer.
3. Tortuous, which is composed of heavy irregular masses of scar tissue causing more or less distortion and narrowing of the canal.

As to number, gonorrheal are usually multiple, while traumatic are usually single at the site of rupture.

The changes behind the stricture are very important. A pouch is formed which retains a drop of urine, which decomposes, irritates the mucous membrane and causes a gleety discharge. Prolonged inflammation leads to ulceration, which if small forms an abscess, opens externally and leads to fistula, or if large to extravasation of urine.

The walls of the bladder hypertrophy and the muscular fibres lose their elasticity which is followed by atony. The urine accumulates, decomposes and sets up a cystitis. Back pressure on the kidneys leads to dilation of the ureters and pelvis of the kidney. Infection follows and pyelitis or pyleonephritis develops and death follows. The most constant symptoms are:

1. Frequency of urination due to congestion and irritability of posterior urethra. Later due to cystitis. In the later stages the bladder is distended and the overflow keeps dribbling away.
2. Dribbling after urination due to retention of a few drops of urine in the pouch behind the stricture.
3. Distorted and smaller stream.
4. Gleety discharge from meatus and shreds in urine.
5. Retention of urine due to congestion and swelling of mucous membrane following exposure to cold, alcohol, or sexual indulgence.
6. Pain in urethra is an inconstant symptom.
7. Impotence with feeble erection or premature ejaculation due to irritable posterior urethra.

Diagnosis is made by feeling irregularities in canal with flexible bulbous bougie. Meatotomy should be done if meatus is small, so a fair-sized bougie may be used.

32 Schermerhorn Street, Brooklyn, N. Y.

A POINTER

A stocky or fat person with tuberculosis will be comfortable and improve in a cold climate which is intensely disagreeable, if not actually harmful, to one who is slender and thin. This alone will account for many of the strange differences in our success at any one place with patients whom we considered alike. They were equally curable, but the climate happened to be beneficial to the adapted one and injurious to the unadapted. —*Medical Ethnology.*

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

VARIOUS USES OF HYDROGEN PEROXIDE

H_2O_2 forms an excellent disinfectant for the mouth and throat. Many cases of catarrhal and ulcerous stomatitis yield to the employment of H_2O_2 alone, and on account of its non-toxicity it is preferable to any other remedy. On account of this property of non-toxicity it may be used in the youngest children, for if swallowed it can do no harm. The same is true of aphthous and mercurial stomatitis. In simple, follicular, and lacunar tonsillitis, and in tonsillitis accompanying the infectious diseases, gargling with peroxide is more effective than with any other remedy. In diphtheria its value is well known. In laryngeal tuberculosis it is more effective than lactic acid. The inhalation of the steam from boiling peroxide is useful in laryngeal tuberculosis, as also in putrid bronchitis. Under its influence—painted on or used in the form of a spray—the odor disappears rapidly in non-syphilitic ozena.

Other conditions in which peroxide has shown itself undeniably useful are: Gastric catarrh, dyspepsia, diarrhea, vomiting of pregnancy; in poisoning with phosphorus, hydrocyanic acid, coal gas, sewer gas, etc; furunculosis; in surgery as a general disinfectant; in the treatment of fistulas, purulent arthritis, in ulcers of the leg, abscesses, frostbites, etc. It is an excellent hemostatic in hemorrhages from the nose and gums, is very useful in obstetric work, in gonorrheal and membranous endometritis, in removing cerumen from the ear, in the treatment of purulent otitis media, in squamous and ulcerous blepharitis, in conjunctivitis, corneal ulcers, ulcus serpens, herpes tonsurans, lupus, pigmented nevi, syphilitic ulcerations of the tongue, mouth and throat; in chancroids and phagedenic chancres. It also renders invaluable service in dentistry.—*Therapeutic Medicine.*

PHOSPHORUS

The late Dr. Cooper, of Ohio, wrote: According to my experience, phosphorus is not a nerve tonic, but a *nerve stimulant.* Given in medicinal doses, its greatest value does not depend upon its nervous-system affinities, but upon its partiality for the larynx and the genito-urinary apparatus. It appears to be somewhat helpful in that form of malnutrition which precedes and attends *tuberculosis,* and in certain *skin troubles.* In all acute conditions calling for it, I use the pure tincture, for I have found that such modifications of it as the phosphates, the hypophosphites, etc., are nearly useless in such cases. While in heroic doses it will temporarily set sexual virility on fire, I have not found it a trustworthy aphrodisiac. Many other drugs are better in sexual weakness or in impotence. It is a remedy of some force in irritation of the bladder, the testes, the ovaries, and the urethra; but it is not nearly equal to many other drugs in these conditions.

OINTMENT—ICHTHYOL COMPOUND

The following is claimed by *Physicians' Drug News* to make a good mixture:

℞	Ichthyol	ʒiv
	Ointment zinc oxide	ʒiv
	Carbolic acid	♏x
	Lanolin anhydrous	℥ss
	Petrolatum	℥ss

Thoroughly incorporate the ichthyol in the lanolin; then add the zinc ointment, then the petrolatum and carbolic acid.

Dr. Orville Hutchinson, of New York, states that carduus marianus will cure arteriosclerosis.

PINEAPPLE AS A DIGESTIVE AID

A few years ago the *Lancet* had this to say about pineapple as a digestive aid:

The partaking of a slice of pineapple after a meal is quite in accordance with physiological indications, since, though it may not be generally known, fresh pineapple juice contains a remarkably active digestive principle similar to pepsin. This principle has been termed "bromelin," and so powerful is its action upon proteids that it will digest as much as 1000 times its weight within a few hours. Its digestive activity varies in accordance with the kind of proteid to which it is subjected. Fibrin disappears entirely after a time. With the coagulated albumin of eggs the digestive process is slow, while with the albumin of meat its action seems at first to produce a pulpy gelatinous mass which, however, completely dissolves after a short time. When a slice of fresh pineapple is placed upon a raw beefsteak the surface of the steak becomes gradually gelatinous, owing to the digestive action of the enzyme of the juice. Of course, it is well known that digestive agents exist also in other fruits, but when it is considered that an average-sized pineapple will yield nearly two pints of juice it will be seen that the digestive action of the whole fruit must be enormous. The activity of this peculiar digestive agent is destroyed in the cooked pineapple, but unless the pineapple is preserved by heat there is no reason why the tinned fruit should not retain the digestive power. The active digestive principle may be obtained from the juice by dissolving a large quantity of common salt in it, when a precipitate is obtained possessing the remarkable digestive powers just described. Unlike pepsin, the digestive principle of the pineapple will operate in an acid, neutral, or even alkaline medium, according to the kind of proteid to which it is presented. It may, therefore, be assumed that the pineapple enzyme would not only aid the work of digestion in the stomach, but would continue that action in the intestinal tract. Pineapple, it may be added, contains much indigestible matter of the nature of woody fiber, but it is quite possible that the decidedly digestive properties of the juice compensate for this fact.

No matter how many journals you take, *The Summary* does not duplicate any of them.

LUMBAGO

℞	Sodium salicylate	℥ss
	Potassium iodide	ʒij
	Compound syrup of sarsaparilla	℥iss
	Water	q. s. ad ℥iij

M. Sig.—A teaspoonful in water thrice daily, after meals.—*Dr. Cohen.*

TO ABORT A COLD

℞	Sodii salicylat	ʒij
	Spirit. ammon. aromat	℥j
	Syrup. aurantii	ad ℥ij

M. Sig.—One teaspoonful every four hours.

—*Practitioner.*

AMENORRHEA

Dr. Homer C. Bloom says that, "In some cases nothing does so much good as strychnine in full and increasing doses, commencing with 1/20 grain three times a day and cautiously increasing the dose. It is surprising how much of this alkaloid some of these patients can tolerate without systemic symptoms.

"The following combination has given very good results in a number of these cases:

℞	Strychnine sulph.	gr. ij
	Peptonate of iron	gr. cxx
	Oxalic acid (C. P.)	gr. x
	Lactate of manganese	gr. cxx
	Ext. colocynth comp	gr. xxx

M. Ft. capsulæ no. lx.
Sig.—One capsule an hour after each meal.

Another formula given by the same author is:

℞	Oxalic acid	gr. iv
	Peptonate of iron	gr. xcvj
	Peptonate of manganese	gr. clx
	Elixir of curacao	℥ij
	Aqua	℥vj

M. Sig.—A tablespoonful in a glass of milk or in a wineglass of sherry wine three times a day.

THE TREATMENT OF HEMORRHOIDS

For some years, doing a country practice, I have treated a great many cases of piles. I have not operated on any case, but I have treated all of them with local applications in the form of an ointment and have had them take regularly such drugs as would regulate the intestinal motions. I refer to external piles. I have never attempted to treat internal piles. In treating hemorrhoids, the following prescription has been used for many years by me, and all the time with success. I have never had to refer a case to a specialist.

℞	Tannic acid...........................	ʒj
	Ext. belladonna....................	gr. x
	Simple cerate, enough to make two ounces.	

M. Sig.—The patient should be directed to wash the anus and hemorrhoidal mass as thoroughly as possible with soap and water. After drying the parts with a towel the above ointment is to be freely applied to the piles and around the anus. The ointment is to be applied, in this manner, two or three times in twenty-four hours, according to the severity of the case in hand.

This treatment has been followed by immediate relief in many cases, and patients have told me, that after using a two-ounce jar of this ointment they have experienced no further trouble from hemorrhoids.

—*Dr. L. Bennett, M.D.*

HAY FEVER

Dr. George B. Wood, in *Progressive Medicine*, sums up the present situation of the treatment of hay fever as follows:

Although there is some promise in the possibility of active immunization against hay fever, this prophylactic treatment is too much in its infancy to be recommended to general practitioners, and remembering the great eclat with which Dunbar's antitoxin was introduced and the popularity which it had for two or three years after its introduction, we hesitate somewhat about being too enthusiastic about the results that are to be obtained by this method of immunization.

A SAFE AND SIMPLE METHOD OF REMOVING THE PLACENTA

Dr. Herman Gasser, Platteville, Wis., writes: During my first two or three years of practice, it was my habit of using Crede's method of expression of the placenta, with general satisfaction to me, but in nearly all cases there was complaint of pain by the patient as a result of the manipulation.

In one rather protracted case of this kind I ordered the patient to press it out, while also using Crede's method. It came at once with readiness and ease. It seemed to linger in my mind that at some time or somewhere I had been taught or had read that this might cause inversion, and hence watched with care the contraction of the uterus. Since then in four hundred and eighty confinements it has been my constant practice. At first, it is true, I felt my way gradually, but with ever increasing confidence, so that at the present time I feel that I can complete the third stage of labor whenever I want to, and that, too, without complaint by the patient and a minimum amount of pain.

After the second stage of labor is complete, it is usually my practice to keep track of things for about ten or fifteen minutes, which also in the mean time gives the patient a rest. I then catch hold of the cord with my right hand, gently grasping the fundus through the abdomen with the left, when I direct the patient to press it out, which she generally does at once. When by gentle traction on the cord and slight compression on the fundus I find it coming I order the patient to relax her efforts.

Since using this simple and sensible method I have not had any "adherent placenta" that we hear and read so much about. That they exist, though rarely, no doubt is true. Gentleness and patience should be practiced to secure the membranes intact, for much of the future comfort and progress of the patient is dependent upon this seemingly simple procedure.

If lepers should be segregated, how much more the tuberculous. Wanted—some tropic isle, with perpetual summer, sunshine, fish, oysters, and seabirds; eggs galore, juicy fruits, pellucid lagoons, cocoa palms.—*Waugh, Southern Pract.*

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

A FEW NOTES AND COMMENTS

Editor Medical Summary:

Each issue of *The Summary* brings much that is interesting and useful to the general practitioner. Its pages are replete with practical information, and are noticably free from the things that have little or no value to us. Practical articles serve a double purpose—the information which they contain *per se*, and the interesting instruction that comes through the discussion which the article calls forth. To begin with, the article by Dr. Bott on "Strangulated Hernia"—does the doctor overdo the matter, or is the whole procedure necessary? To illustrate:

More than twenty years ago an old physician came into my office and said he had a case of strangulated hernia that he was unable to reduce, and he wanted me to see it at once. I told him I would accompany him in a very few minutes. He replied that he was tired out and could not go back, but wanted me to go alone. This I did, and on arriving at the home of the patient, I found a bad condition of affairs; intense congestion, and great discoloration; much pain amd more anxiety on the part of the patient and friends. I immediately gave a hypodermic of ¼ grain of morphine; waited about twenty minutes and accomplished the reduction without difficulty. Another case somewhat later, which had been baffling for several hours, responded easily and promptly, after giving one or two ¼-grain morphine tablets by the mouth. I mention these cases, that the question may be asked: "Is it necessary to carry the medication to the extent suggested by Dr. Bott in his very interesting article in the May number of *The Summary*."

Another article in the same issue by Dr. Servoss entitled, "Study Your Case," I would notice only to condemn. The presumption that the newly-made M.D. can make a surer or more prompt diagnosis than Dr. Servoss, with his years of experience, is too ridiculous to call for extended comment, and the sooner this foolish idea is discarded the better for everybody; particularly, for the young doctor who has in this way a burden thrust upon him that he cannot possibly carry.

E. W. Bogardus, M.D.

Romulus, N. Y.

IMPECUNIOSITY

Editor Medical Summary:

There is nothing more deplorable and lamentable, than impecunious old age. I was forcibly reminded of this fact by the case of a plasterer who a couple of days ago, did a patching job in my house. He is in his eighty-eighth year of age, but is vigorous for his years. He has made money in his time as a contractor; but, now in his old age he is obliged to work to live. From his own statement, he has spent in his life-time, over $4,000 for intoxicants. His wife is past eighty-five, and is compelled, from circumstances to do her own work. They are childless, but he has been wasteful and improvident. It is pitiful, as the wife is a refined good woman, who should have enjoyed the ease and comforts of her old age.

If one would only consider what blessings flow from economy and right living, such sad conditions would not occur. Many physicians have habits which are bound to terminate in an impecunious old age. Stop and consider.

D. L. Field, M.D.

Jeffersonville, Ind.

Teach the negro the simple laws of hygiene and sanitation in the schools, beginning with the second grade.—*A. G. Fort, Am. Jour. Pub. Health.*

VARICOCELE

Editor Medical Summary:

I will endeavor to contribute a brief article on this seemingly neglected, but frequent abnormal condition, which, I hope, will be interesting if not profitable.

Twenty per cent. of the men whom I treat are victims of varicocele in some stage of development. It can only be described first, as a dilated condition of spermatic veins; later, involving surrounding parts, in quite a large number of cases, and in some cases is a potent causative factor of sexual impotence. Some writers advance as causes of varicocele, the length of spermatic veins, and the lack of support in the loose tissue of the scrotum; their vertical course and stagnation of blood from lack of sufficient blood pressure, due to the large lumen of the veins, when compared to that of the artery. It seems that those causes would have the same effect on both sides; yet, I have never seen varicocele on the right side only, and can advance but one logical reason for the phenomena, and that is: The structural anatomy of the pelvis, the organs it contains and those emerging from it; the spermatic veins ascending through the inguinal canal, and anastomose into a single trunk on both sides; and the right vein empties into the vena cava at an acute angle which favors a full smooth flow of the blood current, while the left spermatic vein empties into the renal vein at a right angle, which must necessarily retard the smooth, full flow of the returning blood current, and this vein also ascends back of the sigmoid, and is almost constantly under pressure by frequently accumulated feces of constipated bowels.

My personal observation is that the most frequent cause of varicocele is heavy lifting, masturbation, and sexual excesses, the last named the most frequent cause. Whatever the cause may be, it affects both sides the same, and the above reasons for the most frequent occurence of varicocele of the left side would seem to be logical.

Symptoms of varicocele present some difference in different individuals. I have suspected its existence by observing its mental effects upon individuals, and have later verified the fact by physical examination. In some cases, the mental effect is very distressing and requires treatment. This is especially so with those cases in whom the condition has been caused by sexual excesses; a morbid fear seems to harass the mind—the most frequent fear is that sexual impotence is inevitable, and at this stage the imagination sometimes plays a dangerous role in the case. Physical symptoms are not always present, and if they do appear, it is very gradually, and when standing up, the patient complains of pulling down weight, and sometimes severe pain located at the site of dilation, the groin, the back, and sometimes at the base of the brain. I am treating a case in which the pain is referred to the back, and the base of the brain, and the fear of loss of manhood is a prominent feature.

Successful treatment of varicocele may be secured by the use of suspensory bandages, and cold compresses; crushed ice is a valuable aid; sedatives and other indicated remedies. More later.

T. C. Estes, M.D.
Bennett, Mo.

PROSTATIC TROUBLE—TREATMENT WANTED

Editor Medical Summary:

A young man aged 35, married and habits good, has been suffering from a prostatic trouble for two years.

Examination showed the gland to be normal in size but there is a hard place on one side. I do not think it is malignant as there are no symptoms of that nature. He works every day and does not seem to be getting worse.

About three years ago he had an attack of rheumatism. After that had subsided, the prostatic trouble developed which he describes as a dull ache. It is periodic in character and is worse near the sea-shore. Massage and douches are not of much benefit but suppositories of conium and phytolacca give temporary relief. Any information that you or any of the readers of your journal may be able to give me will be greatly appreciated.

F. L. Jackson, M.D.
Westbrook, Maine.

Doctor, if you have any favorite formulas that you know are valuable from your experience, send them to us for our "Favorite Prescription" page. Send us anything that you know might prove of value to brother practitioners.

SUICIDES AGAIN

Editor Medical Summary:

I have written several articles for various journals, on the above subject, but do not read of any suggestions by other writers concerning the causes, except the statement that "he or she, whose demise was caused at his or her own hand, was in wretched health, had bad luck in business, separated in marriage relations, was 'sorter crazy,' etc." Such claims do not explain anything, and therefore, self-destruction goes bravely on; scarcely a newspaper that does not give notice of some one who has recently gone the pistol, morphine or carbolic acid route. Many, it is stated in the notice of their death gave the very best account of normal intellect, and quite a number exhibit a marked degree of superior knowledge of the affairs of the country; others have all of this world's goods they desire; while others are perfectly happy at home, so far as the family relations are concerned. A man who resided in a Southern city, who committed suicide by binding a wet towel around his throat, while in a bath-tub, claimed only a few days prior to his death, that he had as much money as he wanted; he was not in any way diseased; his young, beautiful wife was to him the pick of the world; he had two most perfect children—no improvement could be made. He had no cause for worry, as he had the very best men to manage his business, and all he had to do was to attend meetings of the directors of his bank, of which he was president. In fact, he had a good, social, happy life, and if he lacked anything that could add to his happiness he was not aware of it.

It seems that no age is exempt from this strange, unnatural desire of self-destruction, for we read of mere children, and old people in their eighties arriving at the same conclusion—must destroy their own lives. As many more exhibit most brilliant minds, and that they are able to develop great subjects up to the very time of committing sucide, we can safely decide that the cause does not reside in the cerebrum—the sole organ of reason; and it is equally reasonable to conclude that environments do not enter into the cause. This latter conclusion is supported by the fact that millions of people who do not commit suicide have been subject to all the causes, as alleged by friends, in the way of environment.

But, we may safely trace the cause to a wrong of the cerebellum, or the animal brain, where all destructiveness of animal creation resides; but just what is deficient in that division of the brain has not been made obvious. We do know, however, that vital tenacity is certainly governed by the depth of the cerebellum. The individual's cerebellum that will measure an inch or more, has a claim on life that will cleverly resist the onslaught of disease, trials and troubles of this life, to a ripe old age; while the man or woman whose line of life force only shows a half inch or less, will be likely to succumb to most any disease, which has destructive tendencies.

But to explain: We have all witnessed the fact that some people will live in spite of doctors and diseases to a good old age, while others will die almost from the first sickness, though they may be attended by the best physicians. This is owing solely to the depth or thickness of their cerebellum; these facts being demonstrable, all investigations must conclude that the cause resides only in the cerebellum, and that not a disease, but a deficiency or lack; therefore, it is not amenable to remedies of any kind, but is reached by remedies prior to fecundity, and to do this, our efforts for eugenics must be applied before the individual or parties to a marriage have completed the marriage. Unless we can tell from an examination of the crania who are, and who are not, temperamentally compatible for marriage, we are in poor trim for laws that will say who shall or who shall not marry.

The results of wrong blending of temperaments are: Blindness, deafness, imbecility of the offspring, while a large per cent. will committ suicide. This is a very dry subject, but a very important one; and one, too, that should demand our very best investigation, unless we are willing to continue to have suicides, imbeciles, etc., who can only live to destroy the happiness of others.

C. D. R. KIRK, M.D.

Shuqualak, Miss.

We should like to receive a report from any *Summary* reader who has had the experience in the use of crotalin in the treatment of epilepsy—whether favorable or unfavorable: the profession wants to know it, if crotalin is really a remedy worth trying in cases of epilepsy, or not. This is an important subject, let us have the matter thoroughly threshed out.

DIABETES

Editor Medical Summary:

The first patient of diabetes treated by me was a lady 50 years of age, in a Nebraska town. There were six doctors in the town of 1000 inhabitants. Patient came to me saying, "I have been treated for stomach trouble by every physician in town but you. Can you help me? I have lost my appetite." Questioning her for symptoms, she mentioned having to get up at night to urinate and passed much.

It was 11 a. m. I had her urinate then and she passed about one pint. The sp. gr. was 1034, Tromner's test gave glucose which completed the diagnosis. After promising to faithfully follow directions, a fast for one week was directed. No food whatever, but water all she could take. On the seventh day she returned saying, "I feel like I could eat a farm.' Her urine was very nearly normal with but a trace of glucose.

One meal a day at 11 a. m. was now ordered for the next week, consisting of Graham bread, buttermilk with any kind of fruit at hand, fresh or preserved, and to still drink water freely.

At the end of the second week the urine was normal. During the whole time she attended her household duties (farmer's wife) without fatigue. She was now to have two daily meals restricted only from meat and eggs. She remained well.

The only medicine used in this case was Epsom Salts, half ounce to one pint water, a teaspoonful in a cup of hot water three times daily.

Since this and other cases, the treatment has been changed. Instead of the fast, a diet of fruits, cereals, vegetables, Graham bread with milk or buttermilk, where it can be had.

In all the cases sugar is allowed, it being chemically different from glucose, I see no reason to prohibit its use.

The medical treatment is now Epsom baths every night. The tub bath is given two or three times a week if there is a tub, otherwise the sponge bath with a brisk rub with a Turkish towel. If there is an acid condition indicated by litmus paper under the tongue, calcium phos. is indicated.

Diabetic ulcers and coma readily yield to this treatment. No deaths to report. The same treatment holds good for Bright's disease with strych., arsen., cactin, digitalin, with elaterium if dropsical.

GEORGE ROBERTS, M.D.

Lincoln, Va.

A QUERY

Editor Medical Summary:

Today I had the misfortune to witness the death of an eight-year-old boy who developed pneumonia following measles.

For six hours before death the boy was in a comatose condition, accompanied with temperature of 105.

About 5 a. m. this morning, a confrere in the neighboring county seat of Baker, Montana, was called in consultation. He insisted the case was one of membraneous croup and intubated the larynx. There was no improvement in the symptoms, and the patient died one hour after the operation.

In comparing notes, like medical men will afterwards, my friend told me he had performed this identical operation more than 800 times during his stay in certain New York hospitals, before coming west.

Has this operation become so common? I am "from Missouri and want to be shown."

JAMES E. FREE, M.D.

Plevna, Mont.

A CORRECTION.

In Dr. Hugh Jameson's article, page 60, in the April *Summary*, first column, magnesium sulphate was omitted from the prescription—five grains should be added to the prescription to make it correct, also further down the column, it should read Harrower's Acid "Meter," instead of "water." Better refer to this in your copy and make the correction therein. We had intended to mention this in the May *Summary*, but it was overlooked in our make-up.

People are just beginning to realize what delightful and health-giving homes for the summers are afforded by the shores of the Great Lakes.—*Southern Pract.*

Abbe found that men earned 3 per cent. more on an 8-hour day basis than on a 9-hour. Then if we work on a 0-hour basis we should get 24 per cent. more pay?

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

MEDICAL ETHNOLOGY. By Chas. E. Woodruff, A. M. M.D.; Author of "The Effects of Tropical Light on White Men" and "Expansion of Races"; Associate Editor of "American Medicine"; Lieutenant-Colonel, U. S. Army, retired, Member American Therapeutic Association; Fellow Medical Association of the Greater City of New York; Member of American Association for the Advancement of Science. Rebman Company, Publishers, 141 West 36th St., New York City. 1915. Price, $2.00.

Medical Ethnology deals with the different morbidity and mortality rates of the different physical types of people, living in the same locality. This work was first begun, the author states, as a revision of the first edition of "The Effects of Tropical Light on White Men," but it was necessary to change the title to "Medical Ethnology" because so many other factors, besides pigmentation, have entered into the discussion of the reasons for the differences between the present races and sub-races of men.

The book is divided into twenty chapters, which are as follows: Man's Evolution; Racial Physical Characters; Respiratory Characters; Pigmentation; Ether Waves; Action of Ether Waves on Protoplasm; Effects of Infra-Red; Effects of Light and Ultra-Violet; The Effects of X-Rays; The Effects of Radium; Actino-Therapy; Nervous Effects of High Frequency Waves; Results of Insufficient Pigmentation; Eye Diseases Due to Light; Origin and Distribution of Blondness and Nigrescence; Extinction Following Rapid Migration; Extinction of Migrants in America; Causes of Extinction of Migrants; Ethnic Psychology; Practical Applications of Medical Ethnology; followed by a Complete Index and List of Authors.

While this is not a medical work in the strict sense of the term, yet, it gives information that can be utilized by the practitioner with beneficial results, in the active duties of his professional work. The work is an interesting one and can be read with interest and profit.

LIMITATION OF OFFSPRING. By the Prevention of Conception. The enormous benefits of the practice to the individual, society and the race, pointed out and all objections answered. By William J. Robinson, M.D., Chief of the Department Genito-Urinary Diseases and Dermatology, Bronx Hospital and Dispensary; Fellow of the American Medical Association and of the New York Academy of Medicine; Editor of Critic and Guide; Author of "Sexual Problems of Today," "Practical Rugenics," etc. With an introduction by A. Jacobi, M.D., LL.D., Ex-president of the American Medical Association. The Critic and Guide Co., Publishers. 12 Mount Morris Park West, New York City. 1915. Price, $1.00.

Dr. Robinson's propaganda for years has been "fewer and better babies," and in this book, he presents all the arguments he claims, for and against the voluntary limitation of offspring, or birth control; he claims this to be the burning question of the day, and has made demand that people be permitted to obtain the knowledge how to limit the number of their children, when necessary. The author says that in this book he has analyzed every possible objection to the use of artificial means for the limitation of oflspring and that he cannot see how any unbiased person, after reading his book carefully, can still maintain an attitude of opposition towards his propaganda. Of course, there are many points for and against it, which must be threshed out carefully, before the realization of the author's ultimate object will be gained.

It would be impossible for us to take sides on this question in the limited space at our disposal for a simple notice of this book; we will leave it to our readers to judge if the propaganda would really prove to be the proper thing in the end, or not.

Practice of Medicine. By Walter Sand Mills, A. B., M.D., Professor of Medicine New York Homœopathic Medical College and Flower Hospital; Physician to the Metropolitan Hospital, and to the Tuberculosis Infirmary, Department of Public Charities. 705 pages. Buckram. Gilt top. Boericke & Tafel, Publishers, Philadelphia. 1915. Price, $5.00, net.

In the first place the author has divided his book into sections: Section I, treats of Infectious Diseases; Section II, of Diseases common to Man and Animals; Section III, of Worms and Intestinal Parasites; Section IV, of Constitutional Diseases; Section V, of Poisonings and Intoxications; Section VI, of Diseases of the Blood; Section VII, of Diseases of the Heart and Blood Vessels; Section VIII, of Diseases of the Respiratory Tract; Section IX, of Diseases of the Digestive Tract; Section X, of Diseases of the Kidneys and Bladder; Section XI, of Skin Diseases; Section XII, of Diseases of the Ductless Glands; Section XIII, of Mental Diseases and Psychoses; Section XIV, of Diseases of the Nervous System.

The author states that the book has been many years in the making; practically taking all his spare time during the past three years; that it was his aim to produce a book, omitting none of the essentials of practice, and yet concise in statement. Thousands of hospital records, with the author's own notes, and the recorded symptoms and treatment of every case, he treated during the past twenty years in his private practice, have been utilized with the author's best ability in the preparation of this volume.

There is a Section on Skin Diseases, which is not ordinarily found in works on practice; also, one on Mental Diseases and Psychoses, which includes a description of some of the more common forms of insanity. Under treatment, we find the author has given first place to the generally accepted regular school methods, finally, adding briefly the most frequently indicated homœopathic remedies. Sometimes with and sometimes without indication. Suffice it to say that, this is a very readable work, and the subject matter can be grasped with ease, it being presented in such a way that, reading it will become at once refreshing and interesting; quite different from the ordinary style of books on practice.

Surgery of the Blood Vessels. By J. Shelton Horsley, M.D., F. A. C. S., Surgeon-in-Charge of St. Elizabeth's Hospital, Richmond, Va.; a Founder and Fellow of the American College of Surgeons; Ex-President of the Richmond Academy of Medicine and Surgery; Member of Southern Surgical and Gynecological Association, etc. Illustrated. C. V. Mosby Company, Publishers, St. Louis, Mo. 1915. Price, $4.00.

In his preface, the author says that: "To no department of surgical endeavor have Americans contributed so largely in recent years as to blood-vessel surgery. The first successful end-to-end suturing of a divided artery in man was done by Murphy, of Chicago, in 1897, when he united the femoral by his invagination method. The revolutionizing treatment of aneurisms by Matas, who devised endo-aneurismorrhaphy, is considered the most important advance in the therapy of this disease since the days of Hunter. The development of transfusion of blood by Crile, of Cleveland, is another notable instance of the large share Americans have had in the progress of blood-vessel surgery. Halsted, of Johns Hopkins, introduced the principle of partial or gradual occlusion of an artery by means of malleable metallic bands. Finally, Carrel, an American by adoption, and his former associate, C. C. Guthrie, have carefully worked out the technique of blood-vessel suturing and were the first to place it on a stable basis."

Certainly a work dealing with the various phases of blood-vessel surgery, and particularly when it includes its up-to-date developments, will prove of interest, especially in a country that has contributed so largely to its progress. The aim of the author has been to present the scientific and the laboratory features of vascular surgery and particularly its practical aspects that may be of interest both to the surgeon and to the general practitioner. Therefore, the treatment of hemorrhage, pathologic and traumatic, aneurisms, thrombosis, embolism, congenital nevi, varicose veins, and hemorrhoids are among the subjects that have been described, as well as the history and technique of suturing blood-vessels, and the transfusion of blood. This work is an original contribution to blood-vessel surgery and a valuable addition to surgical literature.

Summary Gleanings

The juice of a lemon taken in the morning fasting is said to be an effectual means of reducing fatness. We tried it, but it makes us so hungry!

The one and only safe and sure mode of reducing weight is to reduce the quantity of food and drink until the intake is less than the output.

The quickest and strongest remedy for sweating is atropine; but can anybody stop hyperidrosis in a steady and free beer-drinker? —*Ellingwood's.*

The human mind when oppressed by disease or tormented with suffering is most willing to accept any promise of relief, even when offered by the most unintelligent.—*Denver Medical Times.*

The *American Journal of Public Health* for March contains a series of valuable papers on the sanitary conditions of the southern negro, and the lamentable results to both black and white.

The use of alcohol, tobacco and dopes, is due to the craving for relaxation. Better give a wholesome form by letting the wife and kiddies have their summers in the open.—*Waugh.*

There is a modern fad that deserves exploitation as much as heliotherapy—exposure of the whole surface of the body to the sunlight. —*Waugh.*

Tuskegee says the death rate of southern negroes is 24 to 1000; and that the annual economic loss through sickness is $300,000,000.

The large number of tuberculous coming to Colorado Springs does not occasion infection of residents, there having been but one death from tuberculosis among the latter in a year. —*Gillett, Jour. Pub. Health.*

Great progress in municipal sanitation is being made in Mississippi; 98 per cent. of the fruit being screened during fly-time.

In the Northwest the coyotes are spreading rabies among dogs and other domestic animals. In one county 300 cattle were thus destroyed.

Agaricin is one of the most reliable remedies for excessive sweating. Give half to one grain at bedtime; with prohibition of all fluids after tea.

For that tired feeling; what's the use; nothing matters; not worth while; going to the dogs, etc.—a pretty widow and wedding bells.

After other measures have failed in a crop of boils, do not overlook the bacterin treatment as very often this method will cut the trouble short.

It is now generally believed that the treatment of pulmonary tuberculosis resolves itself into early diagnosis and prompt treatment of insipient cases, and the segregation of advanced cases in order to prevent spread.

It is stated that the carbolic acid treatment of tetanus is being revived in Europe, where the disease is very common among the soldiers in the trenches.

In certain cases of whooping cough, if the patient breathe from a vessel of hot water, the vapor of turpentine and a few drops of carbolic acid, relief will be obtained.

Calcium salts are said to be valuable for the relief of prolonged or persistent vomiting. Try giving the lactate or chloride, alone or combined. Chloroform water makes a good solvent.

Hypertrophy of prostate with vesic irritation in old men may be relieved by arbutin, a grain four times a day; rather slow but quite effective.—*Ellingwood's.*

JULY, 1915
SPECIAL CANCER NUMBER

THE MEDICAL SUMMARY

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JULY

This is the month that inaugurates gastric and gastro-intestinal troubles in earnest. The physician can do valuable prophylactic work in advising his clientele to be on their guard lest they run into contaminated foods and drinks. The baby's milk, especially in the more humble homes, should have careful scrutiny. Gastritis, ptomaine poisoning and kindred disorders in adults are nearly always preventable if care be properly exercised.

In the stomach disorders of children in hot weather do not overlook the value of lime-water, milk of magnesia and small oft-repeated doses of calomel.

CANCER—A GROWING MENACE TO THE RACE

It is authoritatively stated that cancer kills 75,000 people in the United States every year. Any disease which causes such a high annual toll should command the careful attention of the Government, the medical profession and the people. The key to the reduction of cancer mortality lies in this: That cancer always begins as a local disease involving a strictly limited territory. Second, that this limited area is accessible in about four-fifths of all cases. Third, a commencing cancer practically always indicates its presence when it is still in its early, locally limited and curable stage. It is believed that 60,000 of our people die every year of cancer because they waited until it became incurable.

A woman who loses her life at forty simply because she never knew that irregular vaginal bleeding indicated the presence of cancer while it was in its early curable stage has certainly not had a fair chance. Women should be taught the probable danger of irregular vaginal bleeding, as well as that of tumors or lumps in the breast. The people must be taught that a wart or mole which begins to grow, bleed or ulcerate is a danger sign that must be promptly heeded.

In a vast number of cases cancer is preceded by irritations or lesions of some kind. The impairments resulting from other chronic diseases as well as long-drawn physical irritations are very conspicuous among these.

Therefore, in many cases to be forewarned is to be forearmed. Prophylaxis is even better than cure.

It is the duty of the physician to make a painstaking examination of every case where cancer is suspected. Radical treatment in early and therefore operable cases should be advised. Instead of having a case under observation and expectant treatment for a year, this period should be limited to weeks or days.

"A COLD IN THE HEAD"

The above is the title of a humorous story appearing in a recent popular magazine, the *American*. The story, while written for purely entertaining purpose, nevertheless brings out the fact that we have many remedies and methods of breaking up an acute cold, many of them being crossfired and antagonistic to one another, and nearly all of them ineffectual. Between the lines of the story one gathers the human touch which actuates both the profession and the laity in dealing with colds. Both physicians and laymen think they know some remedies or procedures which "knock" or limit the duration of a cold. In this they are all, in a considerable degree, mistaken. Each individual, however, is likely to attribute curative qualities to the remedies he employed. It seems that almost every person takes pride in telling how he cured his cold and is very generous in passing the advice on to some one similarly afflicted. In the story just mentioned, one person soused his nostrils with camphor and refrained from drinking water in order to "dry up" the cold; another advised the drinking of fluids copiously in order to wash out toxines. One advised fasting on about the same grounds; another recommended a generous diet in order to support the strength and give the tissues and cells greater power of resistance. One fellow always took cold baths, another hot ones. One exercised freely; another knew it to be the proper thing to remain quietly in his room or in bed. The remedies for inhalation and lavaging the nostrils were salt water, listerine and adrenalin; some one found these things to aggravate the cold. Quinine, Dover powder, asafetida pills and other drugs some people were willing to swear by, while others were ready to "swear at" them.

Our treatment of a cold is certainly indefinite, and our remedies a pandora-box full of junk. The sage advice is given by every hygienic writer "not to neglect a cold." Will those who really know, then, please tell a sniffling world what to do about it? It is the consensus of medical opinion that the only reasonably successful way of getting rid of a cold in a reasonable length of time is to go to bed and stay there until well. There are a few drugs which help to bring about a restoration to normal, but we have a reluctance to mention remedies lest it provoke the suggestion, "that's only your way."

SULPHUR

If sulphur were a dollar an ounce instead of being ten cents a pound, it would be better appreciated and more of it used. Sulphur is a mild laxative and is especially indicated when soft, pultaceous stools are desired, as in hemorrhoids and ulcerated conditions of the lower bowel. It is effective in many dermal affections when administered internally and employed locally, as an ointment, although for systemic effects the sulphide of calcium has many advantages over the crude drug. Sulphur blown into the throat for tonsillitis and ulcerated conditions of the throat is a common domestic remedy. It may for this purpose be incorporated with other astringent or antiseptic powders. It was at one time used as a local remedy for diphtheria. That it has certain therapeutic possibilities as a throat remedy is evidenced by the fact that sulphur combines with living protoplasm to produce sulphuretted hydrogen, a marked germicidal agency. Pure sulphuretted hydrogen gas can not, however, be employed as it is destructive to vital tissues. Ichthyol is one of the popular sulphur preparations, containing about ten per cent. of sulphur, and is said to be the residue of extinct fishes. It mixes in lard, vaselin and oils and is soluble in ether and alcohol. It is effective in dry and scaly skin diseases, as eczema and psoriasis.

In case of enuresis in children, look for lice, pin worms, an irritating prepuce, sandy or ammoniacal urine and all other possible sources of local irritation. More often than otherwise it is habit pure and simple. The best remedies are balladonna and rhus toxicodendron. Great good may also be accomplished with atropine if it is carefully handled. Children bear these remedies relatively well.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

DO WE KNOW MORE ABOUT CANCER THAN WE ACT UPON?

By G. Betton Massey, M.D.

When I first became interested in cancer, in 1893, the subject was rarely mentioned in our medical journals. The great change that has occurred in this matter is apparent to all, and this aroused attention has already led to definite improvement in spite of failure to ascertain the exact cause of the disease. It is nevertheless to be deplored that this failure of research workers to agree on the true nature of cancer causes too many physicians to look on the disease as an altogether unsolved problem. The life histories and clinical courses of growths are, in reality, far better understood than those of the great majority of less deadly affections. As compared with the general infections of childhood, for instance, the clinical course of many cancers is much more amenable to real remedial effort, when taken in time, for they may be aborted, which has so far been impossible in the former.

It is a most important fact that we really know more about cancer than we ordinarily act upon. Some of these items of positive knowledge may be enumerated as follows:

Malignant growths have to be small before they are big, and while yet small may all be cured if in accessible locations. Contrast these facts with the usual policy of waiting for the final stage before advising treatment.

They never give rise to pain, nor are they ever tender, in their early stages. Yet nearly every one waits for the appearance of pain before action.

They are purely local at first. Regional and distant colonies are formed early in some cases, late in others, and general dissemination later still. Contrast these positive facts with the dreamy notion of some that cancer is "constitutional" and that any time will do for treatment.

Ulceration should not be waited for to make a diagnosis. The ulceration only means a secondary infection of the cancer with pus germs. Yet in the popular mind, at least, ulceration is an essential sign of cancer.

The true essential element for early diagnosis is merely the presence of a hard, non-tender, non-painless growth, no matter how small, *which is slowly increasing in size.*

The hopefulness that is inspired by a full realization of these indisputable facts should save many more lives than are yet saved by our efforts.

So much for a plea for action based on what we positively know at this time. To this I wish to add a plea that we assume that cancerous growths are produced by parasitic cell infections in advance of actual demonstration of the fact. No harm and much good would flow from this assumption. It will help us to do more thorough and effective work on our present lines of treatment (many of which are, by inference, largely based on a parasitic assumption anyway). It will give to present sufferers all the advantage to be gained by actual isolation of the germ or germs save possible prevention and a serum or vaccine.

A frank, wide-spread belief that cancers are parasitic, though not infectious or contagious, would lead to the following results:

No one would allow a small, painless, slowly growing tumor to remain on or within the body a moment longer than arrangements could be made for its destruction or removal.

They would expect a cure to result if the whole of the diseased spot was destroyed.

An imperfect cutting operation, which permitted living cells to reach the fresh wound, would be avoided.

Cutting into the tumor for a specimen for microscopic examination more than a few minutes before destruction or removal of the whole of the growth would be recognized as a dangerous procedure, by permitting entrance of living diseased cells into the general circulation as well as by stimulating the growth.

Irritants which fail to kill the whole growth at once, would be recognized as a danger, by stimulation of the portion not killed.

Finally, the difference between the actual figures of our best forms of treatment, with a percentage of 93.5 cures in early stages compared with but 20 per cent. in the late stages, would be better understood and lead to early action.

1823 Wallace St., Philadelphia, Pa.

DIAGNOSIS AND TREATMENT OF CARCINOMA OF THE BREAST

By W. L. Estes, Jr., M.D.
Chief of Staff, St. Luke's Hospital, So. Bethlehem, Pa.

Cancer having its origin in the skin or in its subjacent tissues has proved a most fruitful field for the investigation of the early manifestations of carcinomata. Cancer arising in tissues that readily admit of excision yields an opportunity for study that is not afforded by cancer of the less accessible structures, with an added advantage in the ability to see as well as to palpate tissue changes and abnormalities. The intensive study to which breast lesions have been subjected, by reason of these unusual facilities for observation, has produced far-reaching results. In cancer of the breast, the rare privilege has been given to understand not only its varieties, but certain benign lesions which may later result in cancer, permitting early eradication and more certain cure where formerly unsuspicious delay, or hesitancy for lack of positive evidence, has been costly.

The diagnosis of carcinoma of the breast may be considered from two aspects:

1. The clinical signs of actual cancer.
2. The occurrence of early cancer and precancerous lesions.

I. The clinical evidence of carcinoma of the breast may be divided into:

(a) Positive signs.
  1. Tumor.
  2. Retraction or dimpling of skin.
  3. Retraction of the nipple.
  4. Shortening of a diameter of the breast.
  5. Ulcer of the nipple.

(b) Associated signs:
  1. Discharge from the nipple.
  2. Palpable axillary glands.

(c) Late symptoms and signs:
  1. Adhesion.
  2. Ulceration.
  3. Pain.
  4. Metastasis.
  5. Cachexia.

(a) Positive signs:

1. Tumor in itself is not a positive evidence of cancer, but eighty per cent. of all mammary tumors are malignant (Rodman)[14] Cancer is said to be more commonly found in the upper and lower, outer or axillary quadrants, and behind the nipple, than in the inner portions of the breast. It is characteristically a firm, indurated—not definitely circumscribed—ill-defined mass. Multiple tumors, or tumors occurring simultaneously in both breasts, are usually not carcinoma, but the rare possibility of bilateral cancer of the breast must not be ignored. Rodman's statistics show that carcinoma of the breast occurs most frequently between the ages of 40 and 60, but nine per cent. occurs between 20 and 30, indicating that almost one tenth of all cases are found in young women. About one per cent. of all breast cancer occur in men.

2. Retraction or dimpling of the skin over a breast is pathognomonic of cancer, even in the absence of a tumor. (Bloodgood)[4]

3. True retraction of the nipple is indicative of cancer, but does not occur when the lesion is in the periphery of the breast. The nipple is retracted, just as the skin is, when the tumor is beneath, or bordering upon it.

4. Shortening of a diameter of a breast, demonstrable by measurement through the nipple, in the presence of a tumor in that diameter, is evidence of cancer.

5. Ulcer of the nipple, when lues can be excluded—and especially in a non-lactating breast without pain—indicates Paget's disease, now generally considered to be a duct cancer.[14]

(b) Associated signs:

1. Discharge from the nipple, contrary to a former belief, is rarely associated with can-

cer; it, except during lactation, may be looked upon as a sign of a benign lesion—if it is blood or a cloudy serum, this is a positive sign of a cyst with an intracystic papillomatous growth. (Bloodgood)[3] This, however, usually becomes carcinomatous.

2. Axillary glands may become palpable from such a variety of causes that very little reliance can be placed upon their bearing evidence of cancer, except when there is a tumor demonstrable in the breast. On the other hand, axillary glands may be cancerous without being palpable.

(c) Late signs and symptoms:

1. Adhesions. Cancer of the breast, as it grows, involves adjacent structures, causing adhesions or fixity of the tumor—at first to the skin and pectoral fascia, later to the chest wall.

2. Ulceration of the skin occurs when the skin adherent over the tumor itself becomes infiltrated by the carcinomatous process and is finally perforated.

3. Pain is a late symptom of cancer, when the tumor is sufficiently large to compress nerve trunks, or so extensively adherent to the skin or pectoral fascia as to cause discomfort. Pain associated with a tumor of the breast more commonly indicates a benign lesion.

4. Metastases occur by way of the lymphatics, and possibly late in the disease by cancerous emboli in the blood stream. The pectoral lymphatics, the axillary and supraclavicular glands are first involved. Subcutaneous nodules are found in the skin about the breast, above the clavicle, and even upon the back, due to the involvement of the cutaneous lymphatics, by which means, too, it is conceivable cancer of one breast may be carried to the other. Late implantations occur especially in the bones, liver, pleura, lungs and brain; of the bones, the humerus, femur, vertebræ, and pelvis are most often affected. "To the bones belong the melancholy distinction of first place" in frequency of metastatic involvement.[14]

5. Cachexia in association with breast cancer appears exceedingly late in the disease. At onset, carcinoma of the breast has no effect upon general nutrition as it is then a local lesion; only when metastases are extensive does the cachexia, formerly regarded as a common concomitant of cancer anywhere, manifest itself.

II. The diagnosis of early cancer, and the detection of so-called precancerous lesions, depend upon the macroscopic and microscopic study of excised tumors. By this means we have come to recognize:

(a) Benign lesions; (b) Precancerous lesions; (c) Cancer.

(a) Benign lesions are distinguished by being definitely circumscribed and encapsulated, frequently multiple, and often painful. The most common are Fibroadenomata and Intracanalicular Myxomata.

(b) Precancerous lesions:

1. Cyst adenoma—(a) Simple. (b) Papillary.
2. Chronic Cystic Mastitis, Schimmelbusch's Disease, Senile Parenchymatous Hypertrophy.
3. Paget's Disease.

1. Cyst adenoma, whether simple or papillary, in time becomes carcinomatous; if definitely circumscribed it is still benign; if infiltration into the adjacent tissue is detected, malignancy has set in. Papillary cystadenoma usually contains blood and on section the papilloma may be seen projecting from its wall; if the tumor margin is distinct beneath the papilloma, it is still benign, if thickened, solid, and definite margin lost, it is carcinoma. Microscopic examination should be employed to confirm every diagnosis; doubtful cases should be considered cancer.

2. Chronic cystic mastitis, or senile parenchymatous hypertrophy, is an abnormal involution of the breast, usually bilateral, occuring about the menopause—"a fibrous and glandular hyperplasia with retention cysts." (Rodman.)[14] The breast is likely to be painful, sensitive to palpitation and the veins over it distended; it increases frequently in size and tenderness during menstruation, subsiding after it. Bloodgood recognizes two types:

1. Single, or multiple, smooth walled cysts which rarely become cancerous.
2. Small cysts, papilomatous or filled with debris, which almost invariably becomes carcinomatous.[1]

MacCarty differentiates three grades of hyperplasia microscopically, tracing the advance of benign hyperplasia to the carcinomatous stage.[11]

It is difficult to state how frequently chronic cystic mastitis is found; some observers state in 25 per cent. of all women. (Bloodgood)[1] It becomes cancer in 10 per cent., Greenough and Simmons; in 25 per cent., Speese; in 13 per cent., Warren; in 25 per cent., Bertel; in 21.5 per cent., Rodman.[14]

3. Paget's Disease, though placed in this group, is to be regarded as cancer from the beginning; it is a duct cancer, the discharge from which, in and about the nipples, causes the characteristic eczematous manifestations, which are scaling and redness of the nipple and areola, either dry or moist. It is always unilateral at onset, but the other nipple has been known to become involved at a later period.

(c) Carcinoma of the breast may be classified:

1. Adeno carcinoma; colloid, comedo or duct cancer, cancer from cyst adenomata, and chronic cystic mastitis.
2. Medullary.
3. Scirrhus.

1. Colloid adeno carcinoma is rare and may be distinguished on cut section by its connective tissue strands about bulging pink mucoid lobules.

Comedo carcinoma may be circumscribed but not an encapsulated tumor; the cut surface shows trabeculæ inclosing granular areas from which wormlike comedo bodies may be expressed. This form of breast cancer is not very malignant.

Cancer from cyst adenomata and chronic cystic mastitis has already been discussed.

2. Medullary carcinoma is a very rapid-growing, actively virulent cancer; a finely granular, friable tumor.

3. Scirrhus carcinoma is a firm, contracted, hard mass in which the stroma predominates; retraction and adhesion of the skin occur early; induration may be so circumscribed as to feel encapsulated but microscopically no capsule is demonstrable—a fact which serves to distinguish it from adeno fibroma.

The diagnosis of clinical cancer presents no difficulties but, with this thorough knowledge of the pathology of breast cancer, the justification to await clinical signs of cancer to make a diagnosis no longer exists. It is readily understood that early diagnosis is imperative in cancer; the earlier the diagnosis, the earlier proper treatment can be instituted and the greater the hope of cure. Every breast tumor in a woman of 25 years or over should be investigated. Even when not clinically cancer, since 80 per cent of all breast tumors are malignant, the patient should be advised of the possibilities and be prepared for the radical operation. When the suspected tumor is excised, a rapid microscopic examination by a competent pathologist should be immediately made. If carcinoma or any doubtful evidence of carcinoma is reported, the radical operation is undertaken without delay. It is far better to perform the complete operation for a tumor that may be benign, than to see the recurrence of a "doubtful" tumor later, when a radical operation would be too late, or demanded at a time less favorable for cure. In this manner, early diagnosis of cancer of the breast may best be made and acted upon.

TREATMENT—RADICAL. The great reason for, the great aim and object of, research and investigation to establish an early diagnosis is because the only means to cure cancer of the breast lies in excision. The operation consists in removing not only the breast, but the pectoral muscles and the axillary fat and glands "en masse"; either as originally advocated by Halstead, beginning with the breast and proceeding towards the axilla, or as recently urged by Rodman, dissecting out the axilla and its lymphatics first and then removing the pectoral muscles and breast—to prevent any dissemination of the cancer material by the manipulation at operation. It is important to excise not only a wide area of skin about the tumor but to undermine the skin flaps and remove even a wider area of fat and superficial fascia, in which metastasis is so very likely. In advanced cases, or in cases where their involvement is suspected—or even routinely—the supraclavicular glands are also excised. Skin grafts from the thigh are used if the skin flaps after the operation are inadequate to cover the denuded area.

Many advocate, in all but the early cases, a thorough X-ray course of treatment subsequent to the operation; in advanced cases, Rodman even uses immediate X-ray exposure following the excision and before the sutures are placed.[14]

The mortality from this operation as determined by Rodman from over 2,000 cases, is less than one per cent.[13]

The percentage of cures from Bloodgood's statistics, shows five years after operation:

42 per cent. for all cases.

100 per cent. for early adeno-carcinoma.

64 per cent. for late adeno-carcinoma.

85 per cent. for early medullary and scirrhus carcinoma.

33 per cent. for late medullary and scirrhus carcinoma.[8]

If the tumor is adherent to the chest wall, if there is a metastasis to viscera or bones, or extensive involvement of the supraclavicular glands, it should be considered inoperable. At the Mayo Clinic, in a doubtful case, a supraclavicular gland is excised; if it shows malignancy no operation is advised.

TREATMENT—PALLIATIVE. This method of treatment is to be considered only when the tumor is deemed inoperable. It consists of either

1. Exposure to Roentgen rays.

"The application of Roentgen rays will, at times, cause a disappearance of both small and extensive areas of both recurrent and metastatic carcinoma." (Pfahler)[12] There is likelihood of recurrence, if this treatment is not persisted in, and if periodic observation is neglected; but there is certainly prolongation of life, and improvement in general health very frequently following its use.

2. Treatment with radium:

Radium treatment is still in its infancy, and very few accurate statistics are available, but the London Radium Institute has reported two cures of carcinoma of the breast, out of 123 cases treated.[10]

3. Excision with cautery of any fungating or ulcerating mass, followed by X-ray or radium exposures.

4. Interscapulo-thoracic amputation, with excision of the pectoral muscles, on account of the interference with circulation of the arm by advanced or recurrent carcinoma.

Conclusion: Proper diagnosis of carcinoma of the breast is *early* diagnosis and "the opportune time for surgery"—which alone offers positive cure—"is in the presence of a symptomless, freely movable mass." (Deaver)[9]

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805 Delaware Ave.

THE CHEMISTRY OF CANCER

By FREDERICK KLEIN, PH.D.
Consulting Chemist

This absurd title will not agree with the average medical man's opinion, and after all study and clinical experience most positively nothing else but "Chemistry" is the true mentor and benefactor, to help and mitigate this dreadful menace to mankind. Surgery we all know, in connection with X-ray and radium, is also furnishing some medical assistance, but rarely have they effected a permanent cure.

Air, water and nutrition are all chemical entities, which, when harmoniously and rationally used will fulfill the demands and obscured requirements of life. Life itself, in other words whether plant or animal, is a continuous chemical process of oxidation as a normal condition to all body cells. Hyperoxidation and suboxidation are therefore abnormal conditions to cell life, and are called pathological or diseased cell-destructions, according to chemical changes derived therefrom. Excessive or insufficient amounts of oxygen used to decompose or to assimilate would satisfactorily explain the terms hyperoxidation and hypooxidation or suboxidation.

Working in the research laboratories for years on the same topic—cancer—the result of all my chemical study has exclusively taught the fact that the excessive use and absorption of oxygen, namely, Hyperoxidation at the seat by the neoplasma or growth, and the reduction of the sulfones, cystin and taurin, in the liver in connection with the decomposed blood-fibrin compounds in the spleen, are the main causative factors of the disease.

In all the numerous malignant cases examined, I was able to detect the fibrin-split products in the urin by the Amonsulfid-Aceton test, which could not be traced in normal specimens.

This is the chemical principle used to diagnose early cancer: (See *Journal of Post Graduate*, New York, Aug. 1914, Walker-Klein Malignant Test.)

Comparative tests with decomposed fibrin-split products, and other protein compounds such as egg albumen, etc., with tenth-normal iodine solution, have constantly proved the same color reactions as the excretions of the malignant and normal individuals. (See *New York Deutsche Apotheker Zeitung*, Jan., 1915.)

As a matter of experiments, subcutaneous and intermuscular injections in guinea pigs with decomposed blood fibrin and split-fibrin products, have produced cachetic and cancerous conditions and final death. Furthermore, the basic chemical compounds derived from the fibrin-split products, such as pyridin, methyl-pyridin, pyrol-sulphates, etc., when injections were made in guinea pigs proved highly toxic, producing symptoms similar to cancer, and gradually proved fatal to the animal.

In conclusion, the following facts are fundamentally important.

First: The reduction of the sulfones, cystin and taurin to sulfites and lower sulfur compounds.

Second: Food Proteins—The radical compounds are insufficiently chemically decomposed, or transposed, resulting in amino acids insoluble and indigestible, due to lack of acidity and oxidation. (Peptones.)

Third: Decomposed fibrin-split products develop at the seat of the growth, which are highly toxic to the entire system due to hyperoxidation.

124 West 73d Street, New York City.

Pruritus Vulvæ: Menthol, 0.50; guaiacol, 0.20; zinc oxid 10 grams; vaseline 30 grams. —*Dalche, Le Monde Medical.*

In Edinburgh physicians are so scarce that they ask the people to call them only when there is dire necessity.

THE EARLY DIAGNOSIS AND TREATMENT OF CANCER OF THE SKIN

By Russell T. Wall, M.D.

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Very great advances have been made in the prevention of infectious diseases, and history of these achievements justly forms a chapter of which modern medicine is proud. There is one disease, cancer, which has remained unattacked, yet the mortality and even the morbidity from cancer can be very markedly diminished by energetic action on the part of the medical profession.

It is not necessary to repeat alarming statistics as to the frequency of cancer, the important conclusion from all kinds of statistics being that after the age of 35 years, one out of every eight women and one out of every eleven men die of cancer.

Progress can best be made if we will accept certain axioms:

(1) Cancer in the first stage is always a purely local disease and permanently curable by complete removal.

(2) Cancer nearly always indicates its presence while it is in the first local curable stage.

(3) In about four-fifths of cases cancer begins in regions which are accessible to surgery.

(4) Most of the cancer deaths are due to delay and are therefore unnecessary.

Deaths from cancer occur chiefly because there has been a lack of appreciation of these fundamental principles on the part of either the physician or the patient. The principal troubles come because Axiom 2 has not been appreciated. The early signs which show that there was a curable cancer have been neglected and the patient delayed in seeking the advice of a physician either from ignorance or fear.

Perhaps too, the physician has contributed to the delay either directly by advising the patient to wait and see what further develops, or by temporizing with ointments which he knows to be valueless but which the patient ignorantly supposes to be curative agents.

This is particularly true of growths upon the skin and lip. In a report which was compiled by the Pennsylvania Cancer Commission the patients with cancer of the skin or lip first noticed the trouble on an average of two years and two months before seeking efficient treatment, while the physician also temporized with the trouble for an average of one year before resorting to radical curative measures.

Nearly all fatal results in cancer can be referred to one thing, namely, delay. To eliminate this delay we must realize more and more that there is a precancerous condition which must be promptly attacked in order to prevent cancer. In superficial cancers there is usually some form of irritation or some previous disease present which might have been removed before cancer developed.

In considering precancerous conditions of the skin we must consider the possibility of a malignant change in a previous simple tumor, congenital or acquired such as warts, moles, nevi, chronic ulcer, unhealed wounds or old scars. Bloodgood says that in cancer of the skin and mucous membrane in over 1200 cases there has been a previous lesion before the development of cancer.

The ordinary wart which is so common on the hands of children is not considered here. It is those which remain and which involve a possible danger that we should consider. All such growths, especially if exposed to traumatism such as blows, friction of the clothing, scratching, etc., may suddenly without any distinct warning begin to grow rapidly. When they begin to increase rapidly in size they are in all probability changing to malignant growths.

While the warts or moles remain stationary, patients will think, "why remove them?" No special reason may exist for removing them at once. When, however, they begin to grow, the glands are sooner or later involved and the removal of the growth is imperative if life is to be saved.

A pigmented mole is apparently a harmless growth, but if it is subjected to constant irritation, as rubbing of collar or suspenders or any continued trauma, it is likely to turn into one of the most malignant of all tumors, namely, melanosarcoma.

Of a series of forty-five cases of melanosarcoma which had occurred in a London hospital, thirty-three occurred in the skin; of these, twenty-six began in pigmented moles. In a series of fifty cases reported by Wilson, sixty-nine per cent. had their origin in mole or wart.

About three months ago a patient 44 years old appeared at Moses Taylor Hospital complaining of a painless lump in his neck. Upon examination a large mole or nevus was found upon his arm. The neck tumor was removed and proved to be a melanosarcoma. This tumor was evidently a melanosarcoma caused by a metastasis from the pigmented mole in his arm which had been present from birth.

Childe, of England, more than any other writer has emphasized the true importance of the early signs of cancer. He calls them danger signals, and compares them with danger signals in any other conditions. These danger signals, just as on a railroad, mean that there must be immediate action to prevent disaster. Childe says that the danger signals upon the skin are any sore that will not heal promptly or any wart or mole which suddenly begins to grow.

All these danger signals, in whatever part of the body they may be, are more important as age advances. After the age of forty years, the appearance of these signals means cancer in ninety per cent. of the cases. It is unfortunately only too true that a large number of people notice these danger signals themselves, but do not apply to any physician until ample time has been given for the incurable stage of cancer to develop. Many people will not bother with the early warning symptoms because there is no pain and no impairment of health. When pain and cachexia appear the early signals have been neglected and help has been asked only on the appearance of the signs of impending death.

In regard to the growths upon the skin, the general practitioner is the one on whom the responsibility generally rests for their early removal.

All cancers in the skin in the early stage are local and curable. At present one must exert our energy toward educating the laity to be on their guard against any source of irritation to the skin; against any sore that will not heal promptly; and against any wart or mole that suddenly begins to grow or to bleed or becomes ulcerated.

We must better train ourselves, too, to be on the watch for these things in our patients and in all definite cases to insist that the patient undergo immediate efficient treatment. A patient with a skin lesion which is doubtful should not remain in doubt longer than the time required to reach a clinic where a frozen section can be made.

Scranton, Pa.

CANCER OF THE UTERUS AND ITS EARLY RECOGNITION

By Edw. A. Weiss, F.A.C.S.

Medical literature abounds with articles pertaining to the importance of early diagnosis of cancer; teachers in medical colleges emphasize care in diagnosis; public lecturers and magazine articles on the subject are common; national, state and local societies for study of the subject have been formed—but in spite of all this propaganda, hundreds of cases of cancer go unrecognized until too late for cure.

It has frequently been stated that cancer is increasing, and mortality statistics would lend strength to the idea as the report of the Census Bureau on Mortality in 1913 shows that in the twelve most important causes of death, the greatest increase was that for cancer, which rose from 63 per 100,000 of population in 1900, to 78.9 in 1913. It is doubtful, however, whether more people die of cancer than formerly, for it is quite probable that the disease is now diagnosed, whereas in former years many cases were carelessly or ignorantly reported as exhaustion, change of life, hemorrhage, etc. Registrars insist, and properly so, on more explicit diagnosis. We may take it, therefore, that the increase in cancer is apparent but not real.

To demonstrate the frightful mortality of cancer, we need only consider, as an example, the statistics of 1906 as compiled by McGlinn. During that year in the registration area of the United States, out of a total death rate for males of all ages, of 358,282 there were 11,166 who died of cancer, and out of a total of 299,000 for females, 17,800 died of cancer. This demonstrates that in that one year one male out of 32 died of cancer, and one female out of 11 died of cancer. The corresponding pthisis rate being for males, one out of 9.9, and for females one out of 10.2. This shows that almost as many women died of cancer as of phthisis.

In the same area for 1906 out of a total death rate of 186,944 for males over 35 years of age, 10,644 died of cancer, and out of a total of 156,445 for females over 35 years of age, 16,879 died of cancer. This means that one man in 17.5 over 35 died of cancer, and *one woman in* 9.2 *over* 35 *died of cancer*. The corresponding phthisis for that age period being for males one in 9.9 and for females one in 14. In other words, more women past the age of 35 died of cancer than of pulmonary tuberculosis. The stomach was the most frequent site of the disease in men, occuring in 43 per cent. of all cases. In women the stomach was second, while the uterus was first, being the site in 27 per cent. of all cases. From these figures we can see that more women die of cancer than men, and that the uterus is the organ most frequently affected.

The early recognition of cancer is the keynote of this article. All authorities are agreed that if the disease is recognized early, the skillful surgeon can completely remove it. Innumerable statistics could be cited proving this assertion. In Germany the cancer problem has been solved to a great extent by the wide-spread education of the public in regard to cancer recognition. The German surgeons by means of this dissemination of knowledge have succeeded in saving hundreds of lives by early operation. In some of the large surgical centers of Europe the percentage of complete cures has risen from about 10 per cent. to 40 and 50 per cent.

So often the remark is heard, "operation does not cure cancer." No, operation does not cure cancer if the disease is far advanced, and unfortunately a too large percentage of the cases applying for surgical relief are too far gone for cure. In the advanced case not even the most skillful surgeon can remove the disease completely; he can only remove the accessible portion and so relieve the patient for the time being. On the other hand, the cases of uterine cancer coming for operation before the disease has made much headway can be cured absolutely, as is shown by the excellent operative results of Werder, Wertheim, Clark, Reis, Dickinson and other competent gynecologists.

There are several reasons why it is most important to recognize uterine cancer early; namely because cancer of the uterus is the most frequent primary form of the disease; it occurs generally in middle life when the woman is in her most active and most useful state; the disease is a rapid one; few patients unless operated on early live over two years after the disease is once established, and because of the great suffering and distress it produces.

In the past, physicians themselves were often neglectful in recognizing the disease early, but in recent years they are alive to the subject and by careful examination have saved many lives. Unfortunately however, the patient does not seek medical advice until the disease has made frightful inroads on her health and the physician is consulted as a last resort. This neglect and failure on the part of the patient to consult her medical advisor early can be attributed to carelessness, indifference, ignorance, poverty, false modesty or probably what is the greatest factor, the fear that she might be told that she has cancer. Very often too, the physician does not consider seriously, and neglects to investigate carefully such symptoms as irregular menstruation and leucorrhea and dismisses the patient with the assurance that a few douches or some medication will relieve her. With such advice the patient naturally is satisfied and glad to escape the embarrasment of examination, and does not speak of the matter again until a severe hemorrhage or a foul discharge reveals the terrible mistake that has been made.

The burden of recognizing uterine cancer early rests on the family physician, for it is he rather than the specialist who is consulted first. It is quite true that the diagnosis in the early stages is often difficult, but when the family practitioner has the slightest doubt or suspicion, he should appeal at once to an expert, for the reason that it often requires the greatest diagnostic skill to make an early diagnosis. It is infinitely more to the credit of the attending physician to be over cautious than to delay until hope for a permanent cure has passed. To ask for consultation is not a confession of ignorance on the part of the family physician, but it is an evidence of honesty.

It is an unfortunate fact that the early symptoms of cancer of the cervix are few and not always characteristic. Bleeding and watery discharges are practically the only symptoms which attract the patient's attention. The bleeding may be only slight and may be manifest only after some exertion, such as straining at stool, lifting burdens, during intercourse, or when introducing a syringe. Sometimes the first sign may be an occasional spotting of blood noticed between the regular menstrual periods. The bleeding is rarely free and for that reason is considered trivial. The menstruation may be increased in amount and of longer duration, but even this may be absent. Leucorrhea, which is present more or less in almost every woman who has borne children, is increased in amount and assumes a distinct odor, and is irritating to the vulva in spite of douching; but a blood-streaked leucorrhea is always significant. While the causes of uterine bleeding and discharge are many and often of a transient nature, we will state with all positive emphasis, *that any irregular bleeding or suspicious discharge should never be treated under any circumstances without making a careful digital examination.* If examination be refused by the patient, the attending physician should refuse to prescribe and bluntly tell the patient the danger of indiscriminate drugging and douching. The writer has seen several cases of advanced carcinoma, where the attending physician has at some earlier time prescribed styptics or douches without having made an examination until too late.

Of equal importance is bleeding after the menopause especially after the menses have ceased for several months. While other conditions such as myoma, polypi, and senile vaginitis may cause occasional spotting or bleeding in a woman after the menopause, the condition should always be considered malignant until proven otherwise by careful examination. A foul-smelling discharge may be due to the same benign condition. A necrotic discharge with tissue debris is a late condition of cancer, but a serous, slightly bloody discharge resembling beef brine occurs in the very early stage and is usually characteristic. The physician should never allow himself to be deterred from making an examination, *even if the patient is bleeding.* To wait until bleeding ceases may mean the life of the patient.

It is to be regretted that text-books in discussing uterine carcinoma call so much attention to such factors as age, family history and social condition of the patient. While it is true that the disease is more common from the fortieth to the fiftieth year, a relative large percentage of cases occur much earlier. In fact the writer's experience in a large series of carcinoma in women in all walks of life showed the average to be 38 years—the youngest being 20, and the oldest 83, with a surprisingly large number below 30. We may repeat, therefore, *that the age of the patient is not an important factor in the diagnosis of uterine carcinoma.*

So much importance has been made of the family history that most physicians are greatly influenced by it. In our same series of cancer cases, a family history was obtained in only about eighteen per cent. and many of these were decidedly doubtful, so that now we disregard entirely the family history insofar as its being a factor in the early diagnosis. It is true that occasionally remarkable instances of apparent heredity are encountered such as in the family of Napoleon, but these should be considered as coincidences rather than of diagnostic value.

We have been taught that trauma plays an important part in the etiology, and while it is true that carcinoma of the cervix occurs most often in women who have borne children and who consequently have a traumatized cervix, yet we must remember that every operator of considerable experience has seen carcinoma of the cervix, and more often carcinoma of the fundus, in nulliparous women and virgins in whom the uterus has never had the slightest trauma. Furthermore, we must always remember that *pain, cachexia and loss of weight are not early symptoms and when these symptoms are present the patient has passed the operable stage and is doomed to an early and miserable death.* Uterine cancer is sometimes found early in women who apparently are in the best of health and suffer no inconvenience whatsoever. Not infrequently we are told that there has even been a recent increase in weight, which demonstrates how deceptive the onset of the disease may be and how carefully we must examine every patient.

Of the local signs of cancer none is so characteristic as *friability of the tissue.* This friability and tendency to bleed when grasped with an instrument or when the finger manipulates the cervix, may always be regarded as strongly characteristic. Mere bleeding may be due to various causes, but tissue breaking down is almost invariably malignant. When the slightest doubt exists, a careful excision of some of the diseased area including some adjacent healthier tissue should be made and the tissue submitted for microscopic examination. In this matter also, great care must be observed. The excised tissue should be submitted only to an expert pathologist as much experience is necessary to correctly diagnose doubtful tissue. When uncertain as to the skill of the microscopist, a second pathologist should be consulted and if necessary a second section can safely be excised and examined.

Cancer of the cervix in the early stages is not a large mass; in fact, it may manifest itself as an ulcer-like area with undermined edges. Such lesions are frequently treated routinely by caustics, tampons, etc., without the real disease being suspected. Any ulcer-like lesion of the cervix that does not respond to cleanliness and a few ordinary applications should be referred immediately to an expert for diagnosis. Prolonged treatments have been responsible for many cancer deaths, and the delay is often due to unwillingness of the attending physician to ask for consultation, or to his unshaken belief in the efficacy of the time-honored and much abused local treatments.

It must be remembered that there are different forms of uterine carcinoma, namely: (a) carcinoma of the vaginal portion; (b) varcinoma of the cervical canal; (c) carcinoma of the uterine body. The vaginal portion may be the site of either the exfoliating or cauliflower type, and the infiltrating or nodular form. The exfoliating form is the most easily recognized as inspection through the speculum shows the cervix enlarged and soft with minute polypoid projections that not only bleed on manipulation, but break down easily, which distinguishes the condition at once from benign polyp or erosion.

If the growth is situated within the substance of the vaginal portion, it is hard, irregular, nodular and cartilaginous to the examining finger. When the overlying mucous membrane is intact, the diagnosis is difficult, but when ulceration occurs the picture is characteristic, although the tissue breaking down is not abundant as in the cauliflower variety. Frequently it is necessary to employ considerable force either with the finger or an instrument to penetrate the cartilaginous area, and in suspicious cases such manipulation is imperative for an early diagnosis.

In differentiating carcinoma of the cervix from other conditions we may encounter benign mucous polyp. The surface while bleeding is not friable and each polyp has a pedicle which is not infiltrated but superficial. Again, acuminate condylomata, especially when occuring during pregnancy are suspicious, but unlike cancer, they are multiple and are foudn in other parts of the vagina and leave no ulcerative base when removed.

Erosion of the cervix when accompanied by laceration and ectropion has an angry appearance and is also attended by occasional bleeding and abundant discharge. However, the irritation is superficial and the tissue is firm. Such a lesion is frequently benefitted by treatment, but as sluggish erosions should be considered precarcerous, careful excision and repair of the cervix is advisable.

The so-called cystic degeneration or follicular erosion of the cervix manifests itself as large, hard, irregular nodules scattered throughout the superficial and deeper portion of the cervix. On puncturing these enlarged Nabothian follicles, clear thick mucus escapes which establishes its benign nature. During pregnancy such a cervix is greatly enlarged, discolored and is very suspicious in appearance.

Ulcerations occuring in the prolapsed exposed uterus form irregular ulcerated areas, involving not only the cervix, but other portions of the vagina that have been subject to friction and irritation. The floor of such an ulcer as distinguished from carcinoma is free from infiltration, and with replacement of the prolapsed uterus into the vagina for a few days distinct improvement is noted at once. Similar ulcerations and bleeding may occur as the result of an ill-fitting or rough pessary. Cleanliness and rest for several days alter the clinical picture. Such ulcers should be kept under careful observation however, as such long continued irritation may be a decided factor in the development of subsequent malignancy.

It is obvious that the diagnosis of cancer of the cervical canal is more difficult than in the former variety. As the os is usually closed the palpating finger does not recognize the growth easily except that some irregularity and hardness of the cervix is noted in addition to the bleeding that results from the manipulation. The careful introduction of the finger or curette into the cervical will reveal the hard, irregular, but more especially the friable walls of the canal. The lateral vaginal walls as well as the parametria are early involved in this type of cancer which makes the prognosis more grave. Rectal examination is often valuable to demonstrate the supravaginal thickening which may not always be recognized by the finger in the vagina.

The clinical picture in the early stage is really that of carcinoma of the fundus, from which it must be clearly differentiated. It must also be differentiated from small fibroids situated low in the uterus or cervix. The so-called senile vaginitis or cervical catarrh in women past the menopause may cause suggestive symptoms of carcinoma on account of the foul odor and slight bleeding. In these conditions, however, there is no enlargement or friability and cleansing applications soon show the absence of malignancy.

Cancer of the uterine body is frequently overlooked because it does not present any characteristic symptoms as in disease of the cervix. Moreover, the disease occurs in about one of the body to fifteen of the cervix. Most carcinoma of the uterine body occur after the menopause and practically the only symptoms are bleeding, slight at first, and a foul watery discharge more pronounced than in cervical carcinoma. Regular labor-like pains are sometimes present, especially when the cervix is not patulous. In the early stages the uterus shows very little if any enlargement as it usually occurs in an atrophic organ. The diagnosis can be made only by the sound or curette. Cheesy, granular debris is usually quite characteristic, although it must be carefully differentiated from hypertrophied or decidual endometrium, mucous polyp, degenerating myoma, or remains of abortion, all of which may present the same symptoms as cancer. The expert pathogolist alone can make the diagnosis and his services in such conditions must always be sought.

The family practitioner occupies a position of exceptional opportunity for the proper dissemination of knowledge regarding cancer. He is in intimate contact with his patients and he enjoys their confidence, and consequently any advice or instruction coming from him will have infinitely more weight than magazine or newspaper articles and lectures. It is therefore imperative that he should be faithful to his trust and constantly guard and protect his patients not only against the evils of self-drugging, nostrums, quacks and improper medical knowledge, but he should instruct them, particularly his women patients, regarding menstrual irregularities and he should insist upon an immediate examination when any unusual symptoms arise. Furthermore, as a wise prophylactic measure he should encourage every woman who has passed her fortieth year to have an examination of her pelvic organs at least once and better twice a year. The slight sacrifice of time and delicacy will be more than repaid by the satisfaction obtained both by the patient and the physician. Not only should the patient be instructed to return, but definite bi-yearly dates should be agreed upon for examination. It is by such insistent and persistent efforts that hundreds of useful lives may be saved.

The practical deductions to be made therefore are:

1. That cancer of the uterus is frightfully prevalent.
2. That delay is fatal, and that early diagnosis alone will save the patient.
3. That every unusual and irregular bleeding or discharge should be carefully investigated at once.
4. That the family physician must properly instruct his patients regarding the early signs and symptoms of the disease.
5. That frequent examination of women past the fortieth year should be encouraged.

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DIAGNOSIS OF EARLY CANCER OF THE STOMACH

By Dr. Samuel Floersheim, M.D.

Lamentations from surgeons generally that "if the medical men would send us their cases sooner, we could give them better operative results," i. e., to make a diagnosis of early cancer. An early diagnosis of cancer in a patient may be made yet the disease be far advanced. We should reterm the title of this paper and the universal saying, "Diagnosis of Early Cancer of the Stomach" to the Diagnosis of Operative Cancer of the Stomach.

To manifest the intricacy of early or operable diagnosis, one need only scan the literature to find reports from reliable sources of acute symptoms of from one to ten days, duration pointing to stomach trouble, which, upon the operating table (up to this time) presented evidences of inoperable malignancy.* The disease found would vary considerably in situation, size and extensiveness of metastases.

The difficulty experienced in enumerating symptoms which would enable one to make an operable diagnosis is apparent when it is time and again manifested that cancer in all degrees may be more or less symptom-free. The symptoms to which we interpret the disease are dependent upon the position, extent, pathology and rapidity of the growth. The nearer the cardiac and pyloric orifices the growth is situated the earlier the symptoms due to interference with the entrance or exit of food. Early involvement of the muscular structures is accompanied by motor disturbances which can be more easily demonstrated by X-ray examinations. The nearer the growth is to the anterior surface the earlier is tumefaction noted. When the mucous membrane is particularly involved we observe early signs of erosions and secretory disturbances.

We have been looking to the laboratory for years past as the possible solution to the establishment of early cancer diagnosis. In this it has thus far failed to do; stomach contents, urine, feces and blood examinations have not reached the mark.

Pain, collective vomiting, hemorrhages, loss of appetite and weight, progressive anemia, cachexia, increasing weakness, cancer odor, Boas-Oppler bacilli, lactic acid, absence of hydrochloric acid, presence of blood, sarcinae, cancer cells, etc., in the stomach tests, blood Boas-Oppler bacilli, cancer tissue, etc., in the feces are demonstrations of advanced types. The X-ray was heralded with the powers which we were seeking to establish diagnosis of early cancer. The X-ray does show us something only in those cases in whom the muscular structures of the stomach are chiefly involved. Other conditions and tumors complicate X-ray findings and many mistakes have been reported.

As a measure at the present period, we have in history taking and physical examination combined with extensive experiences and broad mindedness that which can vie equally with laboratory and X-ray technique.

We should deeply consider the symptoms of a patient who is at or by middle life who has apparently been symptom free of stomach ailment and comes for relief of a sudden or gradual onset of digestive disturbance. Then we cannot say that he has not a benign condition. Again one may come to us who has been continually suffering the pangs of stomach disorders for years, and in these cases we must also be careful to interpret the acute onset of the old or of additional symptoms referable to the digestive apparatus.

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*At the meeting of the Greater N. Y. Medical Society recently held at Forest Hills, L. I., Dr. Erdmann, of New York, presented a paper in which he stated that large malignant tumors of the stomach were successfully operated upon by him with but two per cent. mortality for this grave condition and operation, and what has hitherto been termed inoperable carcinoma of the stomach in the great majority of cases he has succeeded in making them operable cases. He no doubt obtains, owing to his extraordinary skill as an operator, results which many surgeons cannot equal.

Here I wish to call attention to differentiate especially from gall-stones, gall bladder disease, duodenal and gastric ulcers and chronic appendicitis. Recently I saw a case of suspected cancer of the stomach in a woman 72 which proved to be a right pleuro-diaphragmatic abscess which fortunately ruptured through the right lung.

As proclaimed aids to early diagnosis we find multiplicity of special tests each having claims of superiority and which give from 20 per cent. to 90 per cent. positive reactions in cancer, yet the sad feature of most of them is that other conditions not malignant and even normal physiological processes give the same reaction in from 20 per cent. to 80 per cent. Reliance is therefore again thrown back upon physical examination. The widely-heralded glycyltryptoptan or the trytophan tests are now practically worthless. Other tests, as the colloidal nitrogen, the urine-sulphur, epiphanin reaction, edestine-peptone and meistagnin reactions have their admirers. Of late there is considerable enthusiasm in the value of the soluble albumen or Wolff-Junghaus' test. A claim is made of over 80 per cent. positive reactions in cancer of the stomach, yet in extragastric cancers it is negative. It is also recommended to be taken *in consideration with the history*. The increase in the formol index is said to show a higher percentage of positive results.

It is thus ever before us to interrogate the patient, make as thorough a physical examination as is possible and where the laboratory and X-ray could assist to employ them, and with the value of broad experience endeavor to make a diagnosis of operable cancer of the stomach early.

808 Lexington Ave., New York City.

T. A. Williams treats epilepsy by limiting the proteids, giving most of these at midday, facilitating osmosis by free use of alkaline salts as fruits and vegetables, supplying calories by fats and carbohydrates, and preventing constipation by an adequate bulk of non-putrescible pabulum.—*Therap. Record.*

For anal and vulvar pruritus Germans recommend powdered alum alone or with sugar, applied on cotton plugs.—*Le Monde Medical.*

THE PRESENT STATUS OF CANCER RESEARCH

By E. M. Perdue, A.M., M.D., D.P.H.

Director of Johnson's Pathological Laboratory for Cancer Research, of the Eclectic Medical University, Kansas City, Missouri.

During the past ten years these laboratories have had the best of opportunity for research in human cancer. Their clientele has aggregated about 15,000 cases. Their research has been entirely clinical. The workers in these laboratories look upon cancer as a curable disease. They have worked to this end and have lost no time upon the neoplasms of lower animals. These laboratories are the largest in America devoted to this kind of research, and at present at least lead the world in their determinations and conclusions.

In this cancer symposium they feel it their duty to the profession and the public to state briefly the conclusions of their research as follows:

Negative Findings

1. Cancer or carcinoma is not a parasitic disease.
2. Cancer is not hereditary.
3. Cancer is never a local disease.
4. Cancer cannot be communicated.

Affirmative Findings

1. Cancer is a chronic alkaline intoxication caused primarily by the retention of carbon dioxid.
2. Retained carbon dioxid fixes the mineral carbonates in the tissues, producing hyperalkalinity.
3. The alkalinity necessary for new growth is approximately one per cent.
4. Hyperalkalinity is the "precancerous stage."
5. The locus of the new growth is determined by local irritation of low grade.
6. The cancerous tumor is but a local manifestation of the constitutional condition.
7. Hyperalkalinity is a necessary perquisite to the growth of the cancerous tumor.
8. The local stimulating irritation may be direct or reflex.

Clinical Findings

1. Cancer patients are constipated.
2. Cancer patients pass a small amount of urine low in chlorids and alkalies.

3. Cancer patients have a subnormal temperature.
4. The blood of cancer patients is of low resistance.
5. There is a tendency to loss of hemoglobin.
6. The hemoglobin is conserved by a reaction tending to hyperalkalinity of the blood plasma.
7. Cancer patients are past middle age, hence the defective elimination causing the hyperalkalinity.
8. Epitheliomas or skin cancers are found almost exclusively upon blond men who lead an outdoor life.
9. Epitheliomas or skin cancers are found above the collar and below the wrist band.
10. Therefore the alkaline intoxication can be concentrated in the tissues by evaporation.
11. Skin cancers are very rare on negroes or the other dark races.
12. Skin cancers are very rare on women who lead an indoor life.
13. Cancers of the breast are generally due to reflex irritation from a lacerated cervix uteri.

THE BASIS OF PREVENTION AND TREATMENT

1. Affirmative findings 1, 2 and 5.
2. Cancer cells have greater proliferating vitality than normal cells.
3. Cancer cells have less resisting vitality than normal cells.
4. This difference in resistance is the rational point of attack to destroy the tumor.
5. Cancer tumors are destroyed by acute inflammation.
6. Cancer tumors are destroyed by medication as are also the infectious granulomata.

PREVENTION

1. Elimination by bowels and kidneys.
2. Oxidation by blood stream and by ductless glands.
3. Removal of all causes of chronic irritation.
4. Repair of lacerated cervix, removal of orificial irritation.

TREATMENT

1. Elimination by bowels and kidneys.
2. Oxidation by blood stream and ductless glands.
3. Destruction of the tumor by:
   (a) Acute inflammation.
      1. Actual cautery.
      2. Fulguration.
      3. Electro-thermo coagulation.
      4. Chemical caustics, or escharotics.
   (b) By iodids and galvanism.

Following these methods cancer can be prevented, and is being cured. These conclusions present the best in modern cancer research.

THE VALUE OF FROZEN SECTION IN THE EARLY DIAGNOSIS OF CANCER

By W. E. Lundblad, M.D.
Pathologist The Robert Packer Hospital, Sayre, Pa.

When one realizes that the surgeon often turns to the microscope to make an absolute diagnosis of the tissue which he has removed at operation, or to determine the limit or extent of a frankly malignant growth, it is apparent that any method which will give this information during operation, while the patient is under an anesthetic, will often be the means of saving life by guiding the surgeon in the course to be followed.

As the campaign of cancer prophylaxis progresses and the lay public is becoming imbued with the idea that cancer in the early stages is curable, we are treating more and more patients in whom tumors are either in their incipiency or in which it is impossible, from a gross standpoint, to diagnose malignancy. The public is becoming educated to the fact that tumors of the breast at any age will probably become cancerous; that an irritated mole is a nucleus of malignancy; that an unhealed sore of the lip may very well be malignant.

As this paper is one of a series designed especially to help the general practitioner in regard to the early recognition of cancer, we would especially indicate the great service that frozen sections offer in this particular connection. Take the skin lip or visible mucous membranes for instance. We have a little sore that has persisted for several weeks and refused to heal, or we have a wart or mole that begins to grow, ulcerate or bleed. If it is cancer, proper treatment must be begun at once. Yet we cannot be sure of the diagnosis from clinical signs. What is simpler than to take the patient to the nearest clinic where a frozen section can be made and the little growth removed at once if malignant.

Or take a woman, perhaps a young woman, with a suspicious lump in the breast. Here, too, the diagnosis may be impossible. But if we wait until it is certain we have waited too long. The patient, and indeed we ourselves, dread a needlessly mutilating operation. Let us give the patient the benefit of the best that modern medical science yet has to offer. Take her to the nearby clinic where on the operating table a frozen section may be made and the growth, if simple, shelled out or the early cancer radically removed and *cured.*

In deep-seated cancer, as in the stomach, the same principle holds. If a cure is to be obtained, it must be while the case may be still only suspicious. Yet few people will submit to a serious operation "on suspicion," and the physician himself has not enough data to urge operation with the required emphasis. But many will come if we say "let me take you where a small incision can be made and the trouble actually inspected by the eye and the microscope if necessary. If the condition is simple, you will have been in no danger, and you will have been relieved of a great dread. If it is serious, you will have been cured while there is yet time."

(The value of frozen sections in cancer of the uterus is noted in the accompanying paper by Dr. Weiss.)

TECHNIQUE OF FROZEN SECTION

The procedure at Robert Packer Hospital at Sayre is as follows: We recognize the fact that beginning cancer may be evidenced only by a few cells. Obviously it is certain that were the surgeon to depend on his knowledge of gross pathology, however complete, such beginning cancers would be overlooked and lives needlessly lost. Furthermore, it is recognized that any irritation of epithelial tissue upon any previous benign lesion, such as in the region of a scar, predisposes that region to cancer. Hence the term "precancerous" applies to such cases.

All tissue, therefore, removed at operation which is at all questionable is examined microscopically by a trained pathologist, who is not only competent to recognize microscopically diseased tissue, but to examine the necessarily small but typically diseased areas. The average time consumed in such analysis being four minutes from the time the tissue is placed in the pathologist's hands until a report is rendered. The technique of preparation is taken from Wilson's method at the Mayo Clinic.

These sections of soft frozen tissue imbedded in dextrim mucilage are stained in Unna's polychrome methylene blue for a few seconds, washed and mounted in Brun's glucose medium. Very thin sections stained well enough for minute study and available for diagnosis are obtained.

In conclusion allow me to quote from Wilson's article in the collected papers of the Mayo clinic, 1912.

"..........operation, before widespread glandular involvement occurs, offers the only hope of permanent cure, and hence there should be no delay in securing an accurate diagnosis in the presence of precancerous lesions."

2. "An accurate microscopic diagnosis of the presence or absence of carcinoma should be made while the first operation is in progress. Every hospital in which these operations are done should have a laboratory and a trained pathologist. An absence of these will sometime be recognized as criminal negligence."

3. "In early carcinoma, the only hopeful cases, the surgeon must be guided as to the extent of his operation by the report of the pathologist's microscopic examination. Naked eye appearances of seemingly innocent growths are often deceptive, and the surgeon's unwarranted confidence in his knowledge of gross pathology may be the cause of unnecessary loss of lives which could be saved did he but know at the initial operation that he is dealing with a malignant tumor."

Sayre, Pa.

The following is a combination of well-established diuretic remedies: Infusion of digitalis, 5 ounces; tincture of strophanthus, 45 drops; citrated caffeine, 30 grains; solution of potassium acetate (40 per cent.), 12½ drams. The dose is only one tablespoonful every two to four hours. Be sure to use only a freshly prepared infusion of digitalis.

Pruritus ani and external hemorrhoids are often cured by using oakum for toilet purpose and by wearing a little pledget of it pressed well up into the cleft of the buttocks.

MALIGNANT GROWTHS

By Charles H. Walker, Ph.D., M.D.

The differentiation of carcinoma and sarcoma is not the object of this discussion, but rather briefly to review our knowledge of such growths as it exists today; to point out what facts have been gained as to the etiology, diagnosis and prevention. Also to consider the various methods of treatment and the hope of success that each justly holds out.

Among facts which have an important bearing on the etiology of cancer should be mentioned:

(1) Local distribution. It is well known that in certain sections of the country the disease is more prevalent than in others; so well recognized as to give rise to the names "Cancer Belts," "Cancer Houses," etc. Haviland's query published in 1868, "How is it that limestones are always associated in England and Wales with the lowest mortality from cancer; and flooded clays, with the highest?" is still unexplained.

(2) The influence of injury as a direct or predisposing factor. The word injury should be broadened to include irritation. Cancerous tumors can, in most instances, be traced to some sort of irritation. There are many varieties of cancer, and we find that irritants of various kinds may produce the same sort of tumor, or that irritants of the same sort in different individuals may produce different kinds of tumors.

(3) The embryonic theory of Cohnheim, and which is generally accepted by pathologists, fails to explain many important conditions and is being rapidly abandoned.

The parasitic origin of cancer has not been absolutely proven, but the almost constant presence of peculiar bodies, whether they prove to be blastomyces or protoza furnish strong presumptive evidence that they may have some bearing upon the causation of these tumors.

The question of the infection of cancer has recently received much attention and, while eminent authorities hold different opinions, the fact that some sort of cancerous tumors have been reproduced in animals, as mice and rats, the recently Fibiger of Copenhagen claims to have reproduced genuine cancer, justifies one if he agrees with Park of Buffalo, that at least some cancers are of such origin.

The question whether cancer is hereditary is still unsettled. A careful family history will, in the majority of cases, support the belief of heredity; whether one inherits the disease direct, a predisposition to the same, or a weakened physical resistance to its development. Harley, of London, thirty years ago made the claim that most all cancerous growths developed in families due to some blood change. More recent discoveries by Walker-Klein show that the bile salts, cystin and taurin, undergo reduction changes in all malignant conditions.

It is the opinion of many that cancer is on the increase. The published statistics both in this country and abroad confirm such a belief (G. Heinman of Berlin; Oliver of London, Hoffman, of New York; Mutual Life Insurance Co., of New York). While many try to explain this by claiming increasing skill in diagnosis, yet they must admit that the leading surgical teachers fifty years ago in Edinburgh and elsewhere in Europe were the equal to any of the present day in diagnostic skill, both in regard to external and internal cancer.

Should we attempt to separate sarcoma and carcinoma, then age plays an important part. Carcinoma is rarely found under 35 years of age; the majority of cases occuring after 50 years of age. Sarcoma may occur at any age, although it is more frequent between the ages of 20 and 50 years.

Diagnosis

We now come to the important question of making a correct diagnosis. This is of the utmost importance, as the time when you can hope to be of real service is in the earlier stage. This is particularly important because of the well-known characteristics of cancer to metastasize or to form secondary growths in other and remote portions of the body. Treatment must be undertaken early if we hope to prevent or to retard such development.

Among the most important points to be elicited may be mentioned: Heredity, the situation of the tumor, its duration, and the rapidity of the growth. Pain and tenderness, while less important, should be noted. Pain is seldom present in the early stages; it is rarely absent after the tumor is well developed. Pain is also more important in the diagnosis of recurrent than in that of primary tumors.

The age of the patient will frequently confirm a questionable diagnosis. Loss of weight is of much significance. The facial appearance, the so-called cancerous cachexia is well marked in advanced conditions.

Exploratory incisions, or the removal of specimens for microscopical examination have been frequently resorted to and are still much used. Metastasis frequently develops within a few months after such exploration; therefore it is far better to remove the entire growth than to cut into it, except in cases in which this seems positively necessary. The microscope will give a positive diagnosis, but there are many occasions where one is not within reach of a suitable laboratory or hospital, and has not the facilities at home. Also internal cases prior to operation. This brings us to the discoveries made by the chemists and their importance, bearing on the question of a positive decision or a doubtful condition.

The acidity of the stomach contents, the absence of hydrochloric acid while characteristic, was later found to be not uniform nor pathognomonic. Mention should be made of the typsin tests of Beard. Also the tryptophan test of Ellinger and Lyle. Both of which, while being able to show undoubted chemical changes, cannot be considered diagnostic. The sulphur tests of Salamon and Saxl, Vienna. The method consists in oxidizing the neutral sulphur of the urine with barium chloride and hydrogen-peroxide. Strong claims are made as to its uniformity.

Abherhalden, Berlin, demonstrates protective ferments in the blood. This test which has been the cause of much recent discussion, seems too complicated for use except by well-equipped pathologists or laboratories.

More recent claims made by Walker-Klein, New York, that the bile salts, cystin and taurin, undergo reduction changes whenever malignancy exists, and have recommended the following test based upon the above observation, which is both simple, easily performed and accurate.

The method employed for these iodine tests are as follows: Two solutions are made for comparison of color.

First: To 10cc of distilled water is added 10 min. of a 1/10 normal iodine solution (U. S. Pharmacopœa, p-549). This is marked "A" and is about the color of normal or non-malignant urine after the reaction is used.

Second: To 10cc of distilled water is added 3 min. of a 1/10 normal iodine solution (U. S. P.) This is marked "B" and will correspond very closely to the urine of a malignant case after the urine is tested.

Now test the urine as follows:

To 4cc of urine is added 10 min. of a 1/10 normal iodine solution (U. S. P.) and well shaken. To this is now added 4cc of Hydrochloric acid, C. P. Sp. Gr. 1.19 and well shaken.

As the urine now compares in color with "A" you may consider the case non-malignant, or with "B" a malignant case.

The comparative test between the urine of a malignant case and that of an apparently normal condition, by the use of the 1/10 normal iodine solution U. S. P. and HCL as above described has been very positive and accurate. A marked difference in color indicating an advanced state, while slighter variations in color, incipient or less involvement.

TREATMENT

Local treatment includes operative treatment, removal by the cautery, caustics, electrolysis, parenchymatous injections of toxins, or of serums, X-rays, radium.

Operative treatment: As physicians we must remember that surgery is at present the great remedy. Surgery is not important if the diagnosis is not made early. The difficulty, however, in operating at this time lies in the fact that the tumor itself is not always discovered until the disease has already infected the neighboring glands. Any hope of curability depends largely upon the ability to remove not only the tumor itself, but of all the neighboring lymph glands, together with the connecting lymphatics, also a sufficient amount of healthy tissue on all sides. Operations, therefore, should not be advised unless there is strong probability of being able to remove the entire disease. It would not be out of place to mention here that surgeons who have attempted to ligate the blood supply and thus to control the growth have met with little success. There are eminent physicians who claim and who try to prove by statistics that malignant tumors have a tendency to more rapid recurrence and more rapid development following operative treatment. After the disease has once recurred, there is very little hope of saving the patient by further operation.

Cautery: Thermo, galvano, or the actual

cautery is employed. Its use may be justified in some superficial or extreme case. Generally it operates as an irritant.

Caustics: Among these should be mentioned nitrate of silver only to condone it; salicylic acid, lactic acid, acetic acid, but these are more or less irritants and have been found to have little caustic action; sulphuric acid and nitric acid, caustic potash; these are active and powerful caustics, rather painful. They destroy healthy as well as diseased structures, and hence they are but little used. Chloride of zinc, pyrogallic acid, is used both as a powder or as an ointment. Arsenic is the caustic par excellence in all cases of cutaneous carcinoma. It forms the basic principle of the salves compounded by the ancient Greeks, and is still the base of the various ointments used.

Electrolysis: Has been recommended. Its benefit is only transient and questionable.

Serum treatment: The toxins of erysipelas and bacillus prodigiousus have been used by Coley. The local and general reactions have been marked, but the effects of the injections are doubtful.

Radium—Roentgen-ray: Radium is useful in numerous dermatoses. It is unquestionable that radium can be employed to destroy certain localized superficial malignant growths. Extensive growths involving deep structures are beyond its control and there is no reason to believe that they will ever be brought within its control. These agents to be useful must destroy the cancerous tissue. Carried into the healthy structures, too oft repeated or used by inexperienced operators produces irritation and harm. Men who have done most with radium speak of its limitations.

Medical treatment: The internal administration of arsenic has possibly received most attention. The fine colloidal suspension of other metals, such as copper and silver. The end result has invariably been negative. Then came the introduction of selenium by Frederick Klein, followed later by Wasserman in his experiments with mice and rats, and later by Keysser. Here the seleneous acid preparations were used. Later on the conbinations of selenium-eosin and selenium-vanadium were tried. Some advancement was evidently made, for subcutaneous tumors under this treatment show a liquefactive mecrosis, followed by healing; though the deeper tumors failed to respond but grew and caused metastases and death. The latest and most marked results are from Sulfo-Selene (Walker-Klein) a combination of sulphur and selenium. Selenium unquestionably exerts a therapeutic effect on malignant tumors. Hitherto the trouble has been to find a form of the drug which, while it would attack the growth, would still be harmless to the adjacent or normal tissues. For, after all, these tumors consist of cell tissues not foreign to the human body, but rather those which apparently run wild, absorb nourishment to the detriment of surrounding structures, and finally by their toxins, formed during development and during their necrosis, poison the system. Another peculiarity of former selenium preparations was the fact that very soon the patient reached a point of saturation when the drug not only lost its effect but the biliary secretions were distributed and this was followed by inition and death.

Sulfo-Selene has gone a step in advance and has overcome many, if not all, of the former objections to its use. Too much should not be claimed for sulfo-selene, for while it is the latest and most successful form of the one drug which has shown any real success or advancement, and while it does prolong life and lessen the sufferings attendant upon inoperable cases, and though it exerts a marked influence in postponing recurrences and in some recorded cases appears to have entirely prevented a recurrence; much is yet to be learned and explained before we can agree with Cerny, Heidelberg, who stated at the International Cancer Congress "that surgery could never be an ideal cure," or with Prof. F. C. Wood, Columbia, "that the attempt to cure cancer by drugs is, after all, the line on which we are all working."

The consensus of opinion today favors surgery, especially if it can be applied early. Late internal surgery offers little relief, and in most cases hastens the end. Inoperable cases should be given chemotherapy, selenium, etc., in some form for the relief which it affords. Post-operative cases should be given every opportunity at our command, such as correct hygiene, sulfo-selene or such other medication as promises success to ward off a recurrence.

124 West 73d Street, New York City.

Ferrannini says that eunochoidism is identically the same condition as that called genitodystrophoid geroderma. — *Therapeutic Record.* Feel better now?

CANCER BEING CURED

By Boyce D. Brooker, M.D.

Specialist in the treatment of Chronic Diseases.

The number of deaths from cancer in this country in proportion to the population is greater than at any age in the history of the world.

The American Society for the Control of Cancer estimates that 7000 women perish annually from cancer of the breast. Every lump of unnatural hardness in any part of the breast, or armpit, any discharge from the nipple, should be promptly attended to, and it is the duty of the physician to warn their patients of the danger of delay in such cases.

Thousands of women die annually from uterine cancer, who might be saved. Neglect before, during, and after the menopause, is responsible for most of these. The useless habit of cureting is probably responsible for many hundreds. It has been my lot to have more of these butchered-up patients than other uterine cancer to apply for treatment. Am glad to say that I have seen fewer of them during the last three years.

My work along this line began early in 1902, while I was engaged in general practice. A man 47 years of age applied for treatment, saying he had been treated by several of our most prominent physicians and surgeons for cancer, which was located about an inch and a half from, and on a line with, the outer canthus of the right eye.

He had been told by each of these gentlemen that there was no hope for this type of the malady. Feeling that there must have been provided a remedy for every ill to which man is subject, I began to wonder whether there was anything that would fortify the surrounding tissue against the further invasion of this rapidly destructive process, when it occurred to me that nuclein, given intramuscularly, in association with iron and arsenic taken internally, might prolong life, if not effect a cure. Upon his second visit and after I had explained my views, I offered to give him the treatment, provided he would keep it up for a period of not less than six months, if necessary. This he agreed to.

The following morning I took the patient to one of our most prominent physicians and surgeons, a man of more than a national reputation, who declared: "It is simply folly to waste your time with what you know to be a hopeless task. He cannot last three months" and more to that effect. This was very discouraging, of course; but, anxious to try out my theory, I undertook the treatment. The patient was given his first injection the 10th day of September, 1902; and these injections were continued daily for two months, and then on alternate days. He was also given iron and arsenic internally. The arsenic was pushed to the limit of toleration. The surface was kept as clean as possible with simple antiseptic dressings. Owing to the extreme rigidity of the muscles on this side of the face, he could not separate his teeth, so that he was forced to live upon liquid food for eleven months. This gentleman now resides in England, is 59 years of age, and is in perfect health.*

Encouraged by the results in this case, I determined to try my plan in other forms of malignant troubles, and so a few weeks later began the same course with another patient, a woman of 36 years of age, who had five tumors in one breast and three in another. These were first noticed several years before, but had given her no special uneasiness until about seven months ago, when darting pains were first noticed, radiating in all directions and apparently all coming from the largest "lump" in the right breast. These pains increased in frequency and severity. Finally this and the constant loss of strength and weight drove her to consult me. I carried out my resolve. Daily injections of a special nuclein were given, also iron arsenic and strychnine. The latter was discontinued when her strength returned. The treatment was kept up for about four months, when she was instructed to take iron and arsenic (a specially prepared solution), daily, for a period of three months and then report. She was discharged as cured more than ten years ago. In October, 1914, she came to consult me about a simple digestive disturbance. Examination showed both breasts to be normal, and free from tumors or enlargements.

Being much more successful than I had ever expected in the above two patients, I determined to try the same course in uterine cancer. Mrs. J., age 35, had always had trouble about menstruation, had been married twelve years, but had never had a miscarriage, and has no children. When she applied for treatment, it was discovered that there was every evidence of developing cancer. She was much emaciated, skin yellow and dry, very weak and the discharge which had now become more profuse, was very offensive. She also had some slight frequent darting pains, apparently from the womb, and radiating in all directions She was discharged after five months constant treatment, and has been strong and well now for more than four years. She has a beautiful complexion, and is quite happy.

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*After this gentleman was cured, I took him back to the surgeon who examined him before the treatment was started. He exclaimed: "Indeed, the days of miracles have not passed, etc."

In those patients treated in the last few years, I adopted the intravenous method of introducing the solutions, and found that results were as satisfactory in every particular, but they were had in a much shorter time, a point of *very* considerable importance. My experience with the intravenous method does not date back far enough to enable me to say definitely, but it is my belief that cures can be effected in about a third of the time required by the hypodermic method.

More than ninety per cent. of the cases treated during the past twelve years were cured prior to October, 1911, and I have had the pleasure of seeing many cases of superficial cancer, cancerous tumors, and uterine cancer cured. It is my belief that all cases of uterine cancer are curable.

A few others have tried a similar course of treatment, but have seen none reported, until Dr. J. M. G. Carter read a paper before the section on medicine of the Illinois Medical Society, at Springfield, May 15-17, 1906. He reported five cases treated along the same lines. His results were fine, expecially in a case of carcinoma of the sigmoid flexure. One and a half years after this cure was effected, this patient was found to be in perfect health. Dr. Carter states that for a number of years he has used nuclein with such success as to lead him to hold it in high regard as an agent for treating malignant growths, and other low dyscrasias. "Also," he writes, "I have more confidence in the nuclein than I have in other remedies, chiefly, perhaps, because I had two cures in which I did not use other remedies, and had none where nuclein was not used."

Dr. Ernest LaPlace says: "The real efficient treatment of cancer must depend upon altering the nature of the tissues, so as to make them resist or in other ways be unsuited to the development of what may be the cause of the disease; until such a preventive or alterative treatment is found, we must acknowledge that the treatment of the disease is still to us a hidden secret."

In an article appearing in the *New York Medical Journal*, Dr. A. S. Atkinson has this to say concerning the value of nuclein in the treatment of cancer: "I believe that other treatment would be valueless without help from this agent."

Among the various treatments heretofore advised, there is really none that has proven of sufficient value to warrant the belief that they will cure all curable cases; yet, I firmly believe that the idea advocated in this paper with possibly some modifications or additions, will prove successful in a greater per cent. by far than any other treatment known.

It must be admitted that the cautery has proved too much of an irritant. Caustics have proven valueless, except in carcinoma (cutaneous) and a very large per cent. of these recur in from six to twenty-four months. Electrolysis is only transient and questionable in its results. The effects of serum treatment are as yet very doubtful. Radium is believed to be useful in most dermatoses, but it is stamped by many as a failure. The value of the X-ray has long ago been declared by many of our most observant specialists to be worthless. Many of our very best surgeons agree with Czernay, of Heidelberg, that "surgery can never be an ideal cure." So after all, we must agree with Professor F. C. Wood that "the attempt to cure cancer with drugs is, after all, the line on which we are working."

Limited in clinical material, it has been impossible for me to carry my investigations as far as desired. I feel convinced however, that my total results could not have been better, having succeeded in more than ninety-five per cent. of curable cases.

Just when a patient has drifted into an incurable state is very difficult to say. I have seen apparently hopeless cases get well, and a number of the more apparently insignificant ones prove to be the most troublesome, leading us to suspect that they had almost reached an incurable stage. In all cases in which my method has been used, if the patient shows considerable resistance, and the loss of weight checked, and the strength improved for a period of from four to six weeks, a cure can be had, but the treatment must be kept up for weeks, and possibly months.

Since December, 1914, when my method was first made public, hundreds of physicians throughout the United States and Canada have expressed their interest in my work. Almost every one of these approve of my method, and quite a number have written for full particulars that would enable them to undertake the work themselves. One of these gentlemen says: "My tongue patient is better, and my stomach patient is greatly improved." He has used my method for about eight weeks. Another doctor in the extreme West says: "I believe in my soul that both of my patients are going to get well. One of them is using four grains of morphine daily, but in spite of that is improving right along." A Canadian physician says: "My patient whom I regarded as hopeless is wonderfully improved, which has given me every confidence in your method."

The fact that these gentlemen have succeeded in improving their patients has been most gratifying to me.

Early diagnosis, early action, continued for months if necessary, will most certainly effect real cures, oftimes in very advanced cases.

12 W. Grace Street, Richmond, Va.

CANCER—ITS TREATMENT AND CURE

By Samuel King, A. B., M.D.

I am very much interested in the cause and treatment of cancer, and when I read in the newspapers under glaring headlines that a new serum, etc., had been discovered for its successful treatment, I eagerly read the article with the hope that such has been found. But I have little faith in any local treatment, either medical or surgical, unless such local treatment is supplemented by the proper internal medication. I doubt a serum's curability. It was settled by medical science as early as 1889 that the transfusion of the blood of lower animals into the human system is dangerous, and should never be employed. Serum, the fluid part of any animal blood, has the property of destroying the red blood cells when transfused into an animal of a different species. These cells carry the life-giving oxygen to the bodily tissues without which the animal dies. For instance, medical literature states that the blood of a cat injected into a dog will kill the dog and vice versa.

I have been treating cancer for twelve years or more, and have made a careful and persistent study in a quiet way of this affliction and the conditions which lead up to it. By experience and by carefully noting results in the treatment of my cases, I have come to the conclusion that cancer is nothing more or less than the out-cropping of a uric acid condition due to an overburdened blood. In other words, it is nothing but a symptom of debility. Cancer patients are generally or have been, by habit, heavy eaters, eating much more nourishment than is required for the needs of the body. (The main diet of many of these cancer patients is often chemicalized, benzoated, sterilized, bleached, preserved, canned, etc.) This excess of nourishment, taken into the blood, forms urates and phosphates which weaken every nerve cell of the body. It obstructs and impedes the circulation, and hence the cancer patient has a weak, discouraged pulse, cold extremeties, and a general lassitude that comes from this overfed condition. Through this weakening and breaking down of the nervous system, the chemistry of the body and the activity of every gland is disturbed. (Cancer and insanity go together. In Chicago where insanity has increased the fastest in the world, cancer has increased 812 per cent. from 1861 to the present time.) The blood becomes depraved, as shown by the color of the skin, the pearly tint of the eye and the coated tongue. When the above condition of the system exists, any injury, bruise, constant irritation which weakens the tissues at any one point may become the seat of a uric acid tumor and finally an ulcer which for want of a better name has been termed cancer, but which I believe is only a symptom as stated above.

Therefore I contend that any treatment for cancer that does not have for its object the correcting of the above conditions by the proper internal as well as external therapeutic measures and diet will always be a failure. I know whereof I speak for I am curing 75 to 80 per cent. of my cases using internal medication as the basis of my cures.

Many cases of large tumors of the breast, diagnosed by very competent physicians as cancer, I have dissipated and cured by internal medication and soothing local applications without even breaking the skin. I have cured cancer of the stomach, diagnosed by the home physicians and the city specialist as such, and sent home to die, and these patients are alive and well today. I contend that cancer of the stomach is a uric acid tumor which comes from a long period of abuse and indigestion, and which, when it breaks down, is nothing more or less than a uric acid ulcer. And I positively believe that almost every case of cancer of the stomach that can hold a little food down and a little medicine can be cured. Cancer of the mouth, throat and tongue can and are being cured along the same lines.

I have treated and cured cancer of the womb, diagnosed as such by physicians and surgeons of ability, by local applications, internal medication and diet, when the odor of the cancer was so bad that you could not endure to sit in the same room with the patient, and these patients are alive and well today with no return. I have treated and cured cancer of the breast in which surgery or X-ray or both combined had failed. One lady operated upon three times, once by a Buffalo surgeon, all within a year, came to me with two returning lumps in the scars of the wounds. She took treatment for two months, the lumps disappeared, and after two years she continues well with no return.

In the treatment of cancer there are many things to be taken into consideration. Every other affliction, as hemorrhoids, uterine or ovarian trouble, indigestion, etc., which has a tendency to sap the strength and vitality of the patient must first be corrected before one can expect to cure the cancer; because these devitalizing and nerve-wrecking conditions are the cause of the cancer. In other words, many a cancer of the breast has its seat in the ovary or uterus, and, if this be the case, how can a physician expect to remove the breast, the result instead of the cause, and expect his patient to get well? Alcohol, morphine, worry and improper diet will not only retard but will prevent a cure.

Therefore it follows from the above there is no cure-all for cancer, and the physician who expects to cure each and every case by some cut and dried method as mapped out by certain physicians will fail in the majority of cases. It also follows that to treat cancer successfully one must be an all around physician. He must meet every symptom and condition as it arises with the indicated remedy, for he will find no two cases alike. On the other hand he should be well versed in the therapeutics and indications of the different remedies of the three schools of medicine, if he would get the best results. In regard to this last statement, I am a regular graduate, and during the first few years of my career as a physician, the drug salesman with his combination tablets and elixirs usually diagnosed and treated my cases. Today I diagnose and treat my own cases, often with single remedies with far better results, using many eclectic and homeopathic remedies.

Warren, Pa.

THE THYROID GLAND IN THE ETIOLOGY, PROPHYLAXIS AND TREATMENT OF CANCER

By H. H. Redfield, B.S., A.B., M.D.

Formerly Professor of Therapeutics, Medical Department Loyola University, Chicago. Professor of Physiology and Pharmacology, Medical Department Texas Christian University, Fort Worth, Texas.

The initial hypothesis regarding the relationship existing between the occurrence of cancer, and a decrease in the immunizing properties of an organism, such immunizing on defensive protection being afforded by the adrenal system, was pointed out by Sajous in the first edition of his work upon the Internal Secretions, which appeared in 1903. Speaking in regard to this relationship, he says: "Certain growths, particularly the more malignant forms, sarcoma and carcinoma, seem closely connected with adrenal insufficiency and its natural consequences. We have seen that trypsin, fibrinogen (a nucleo-proteid compound) and the oxidizing substance were simultaneously necessary to insure destruction of cells in vitro, and furthermore, that this process required in addition the presence of alkaline salts. That the destruction of worn-out or degenerated cells is a function of these very elements in the blood, is evident."(1)

Accepting then this hypothesis as a definite basic principle, it would follow a priori that any condition, which of its very nature would be capable of inhibiting or depressing the functional activity of the adrenal system, would by such inhibitory or depressant action cause a decrease in the blood of the relative proportions of these four co-related constituents, with a concomitant reduction of the immunizing power granted or conferred upon the organism by their presence in their physiological proportions and relationship in the blood. The result of this adrenal insufficiency would, as pointed out by Sajous, result in the appearance at any place in the organism, of malignant growths, or "rather on local aberrant or worn-out cells which enter into their formation. The great vascularity of these growths suggests an effort of nature to cause their elimination, but mitotic proliferation is alone induced, the blood being deficient in the four constituents which should insure destruction of the morbid cellular elements." (2)

Under the heading, "The Internal Secretions in Their Relation to Immunity" (3), it was also pointed out that these four constituents of the blood were the real active agents in the role of immunity and that such immunizing functionation by them was due to the presence of trypsin, which, however, was functionally active in the production of immunity only in the presence of the other three, it being clearly shown that whenever trypsin became hypernormal as regarded its activity —a condition which was necessary for the proper performance of its role in the establishing of immunity—i. e., in the role of complement, that an excess of the three other agents was also necessary, i. e. thyroidase (amboceptor) and nucleo-proteid (opsonin) a fact which being overlooked or, not at any rate, given attention by Beard (4) Shaw-Mackenzie (5) and others in their recommendation of trypsin in the treatment of cancer, offers an explanation of their failure with this agent.

Two years after the initial publication by Sajous, the very intimate relationship between cancer and the condition of adrenal immunity in the organism was pointed out and emphasized by such observers as Gaylord, Clowes and Baeslack (6), in America, and by Ehrlich (7), Schone (8), and Sticker (9) et al in Germany. The right of priority, however, belongs to Sajous.

In addition to the work of the above-named investigators, the observations of Jonathan Hutchinson (10) lend added weight to the adrenal hypothesis. In reporting on twelve cases which came under his personal observation, he calls attention to the fact that these patients had, for long periods of time, been undergoing treatment with arsenic, and he further ascribes the predilection to cancer observed in chimney sweeps, to their inhalation of arsenical gases, prominent in certain grades of coal—a condition also noted by other clinicians among workers in trades where arsenic is employed.

Now of itself this striking connection between the incidence of cancer and the use of arsenic medicinally or exposure to its effects in an occupational way would ordinarliy mean very little, but when one considers that arsenic is the physiological antagonist to thyroid extract, and also that in all cases of arsenical saturation there is an accompanying depressed condition of the adrenal system, we cannot but admit that the adrenal system plays a very important role in the pathogenesis of cancer.

Other investigators have also called attention to the relationship existing between cancer and the perfect physiological functionation of the adrenal system. Robert Bell (11), in this regard says: "That the thyroid has an important relationship to the incidence of cancer is borne out by the fact that in cancer subjects it is invariably found to be more or less atrophied, hence it is necessary to supplement the modified dietelic measures recommended, by the administration of either the thyroid gland substances, or its active principles." These investigations of Bell were not confined to an occasional case, but cover a vast array of cases, and the fact, as he states, that thyroid atrophy "invariably" accompanies the cancerous state, is very strong evidence with which to support the theory of the adrenal integrity in the etiology of cancer.

Aside from the before-mentioned factors, which point clearly to a close relationship between cancer and the normal functionation of the Adrenal System, there are other strong proofs which can be cited to further support this hypothesis, one of the most common and familiar of which is age. That the prevalence of cancer is most marked in persons who are past middle life is well known to all students of this malady. Da Costa (25) says, "Cancer is rare before the age of forty, and never occurs before the age of puberty." Hughes (26) states that, "It usually occurs in men from forty to sixty years of age." Welch in an analysis of 2038 cases showed a percentage of 75 occuring in the fourth, fifth and sixth decades, which Anders and Boston (27), in a review of 3257 collected cases, showed only 2.5 per cent. developing prior to the 30th year. Bassler (28) gives the greatest incidence of cancer as between the ages of 40 and 60 years.

Einhorn (29) collected 600 cases of gastric cancer in which the average age at death was 50 years, and the major portion of these cases (three-quarters or 435) fell between 40 and 70.

The statistics of Lebert (30) in regard to stomach cancer are particularly interesting. He found the following: Under 30 years, 1 per cent.; 30 to 40 years, 17.6 per cent.; 40 to 60 years, 60.7 per cent.; 60 to 70 years, 16.3 per cent.

M. Mathieu (31) collected all cases of cancer of the stomach occuring before the thirtieth year, and states the total number as 27. Turning now from the etiology of cancer and senility for the moment, and taking up the physiology of the organism, what, if any, connection is there between senility or age, and the normal physiological functions? It is a well-established physiological fact that the later decades of life bring attendant changes not only of an anatomical and histological nature, but also—and more important—of a functional nature. If we, therefore, find a decreasing loss of physiological function—which would a priori include the adrenal system—during the later years of life, would it not be rational and logical to associate the increase of cancer as shown by Lebert in those past middle life, with the loss of adrenal function occurring during these phases of the individual's existence? Other facts regarding age and cancer are shown by the work of Bashford. In his reference to the results attained in the Imperial Cancer Research Fund Laboratories he says: "The association of cancer with old age is the only factor known to be constantly associated and intimately bound up with the process responsible for the development of cancer in man and animals." He also points out the fact that "cancer has the further remarkable common feature, that in animals it has the same higher incidence in old age, and therefore the same relation to the duration of life as in man."

Freund (12) after completing an exceedingly exhaustive and comprehensive study of etiology of cancer, concludes that the primary factor in its production is senility. Bearing in mind the fact that as before mentioned, senility carries with it degeneration of a structural as well as a functional nature, the close association of the integrity of the adrenal system and the etiology of cancer is a condition of more than mere conjecture and one that is entitled to a more than passing consideration. If as pointed out and claimed by Sajous, the four blood constituents are necessary for the conferring of immunity by their power when acting jointly to destroy the worn-out or aberrant cells which enter into the formation of cancer, then the incidence of cancer in old age is clearly understood. Granting then the accuracy of the hypothesis that the decreased function of the adrenal system, with the accompanying decrease in immunity, is the primary etiological factor in cancer in senility, let us see if the same causes working in the other phases of life will produce like effects. In other words, would any condition having a tendency to inhibit or decrease adrenal function, pre-dispose to cancer? For example, tuberculosis—Krause in 1832 pointed out the pre-disposition to cancer in persons who were afflicted with tuberculosis while Roger Williams (13) states: "No hereditary condition is more favorable to the development of cancer than that which pre-disposes to, and accompanies tubercle."

Moak (14) reports five cases in which there was a coincident occurrence of cancer and tuberculosis in the same organ, while H. R. Jones (15), in a study of the conditions in Wales and England, found a high percentage of phthisical patients in whom the anamuesis showed a cancerous family history and the age period at which the vital statistics reached their zenith, i. e., 35 to 45 years was coincident with the period at which the death rate from cancer showed an upward tendency. Collective evidence by the registrar-general in Ireland shows a pre-disposition to cancer in certain families through successive generations, and that coincident with this cancerous tendency, there was a predilection to tuberculosis.

(To be concluded in August number)

CARBONATE OF LIME IN CANCER

By J. Wm. Trabert, M. D.

Very often too little attention is given to internal medication by many physicians who treat cancer either by the knife or escharotics, and the real history of the case is too often overlooked. This is especially true of the non-professional cancer specialist, who does not know the difference between cancers and non-malignant tumors, and pronounces every growth of a cancerous nature whether it is or not. They are liable to confound every growth that appears "cancer" when the trouble may be something different.

Nor is this mistake confined to the traveling charlatan. Reputable physicians are liable to err even where their experience is unquestioned. I remember the case of a man, having what was supposed to be cancer of the lip was advised by a physician, who had operated on many cases of cancer, to have it removed, said, "Doctor might not this be syphilitic."

Supposed cases of cancer of the breast, after inquiring into the history of the case was found to be syphilitic mammitis.

Many cases of cancer can be cured if properly treated in its incipiency. Too often a great deal of precious time has been wasted. All suspicious sores should be considered syphilitic, and treated accordingly until the diagnosis becomes clear. In an article by Mr. Jonathan Hutchinson, published in the *British Medical Journal*, he says, "In most cases of cancer of the penis, lip, tongue, skin, etc., there is a stage, often a long one, during which a condition of chronic inflammation only is present, and upon this the cancerous process becomes engrafted. Phimosis and the consequent balanitis lead to cancer of the penis; the soot-wart becomes cancer of the scrotum; the pipe sore passes into cancer of the lip; and the syphilitic lencoma of the tongue, which has existed in a quiet state for years, at length, in more advanced life, takes a cancerous growth. A general acceptance of the belief that cancer usually has a pre-cancerous stage, and that this stage is the one in which operations ought to be performed, would save many hundreds of lives every year. What is man the worse, if you have cut away a warty sore on his lip, and when you examine sections microscopically you find no nested cells? You have operated in the pre-cancerous stage, and have probably affected a permanent cure of what would soon become an incurable disease. Instead of looking on while the fire smoulders, and waiting till it blazes up, we should stamp it out on the first suspicion.

We can prevent infection much better than we can pervert it. After infection has taken place, we want a substance that will destroy the microbe, and that will not fatally affect the cells of the tissues at the same time. Since we cannot always prevent infection, our attention must be given to finding remedies which will cure sepsis.

We do not know much about the matter of prevention, yet we know that early and thorough operations are of great value.

While the question of operation will arise in many cases, in many respects the question of remedies will be of first importance. If we admit that cancer and sarcoma are infecting diseases, can we hope for any way to cure them?

A number of years ago carbonate of lime was introduced as a means of arresting the growth of cancerous tumors as well as abscesses of different kinds; this was given by pulverized egg shells, calcined oyster shells or prepared chalk. The oyster shells were baked in an oven and then scraping off the calcined white lining of the concave shell. The substance thus obtained was reduced to powder and about ten or twenty grains taken once or twice a day in a little warm water or tea. It was said that perseverance for at least three months was necessary before any good results were to be expected. Sir Spencer Wells, whose attention was called to the above, said he used lime largely in the treatment of uterine fibroids and other tumors and that he was convinced that processes of atrophy and calcification resembling the spontaneous change or degeneration sometimes observed in them were often produced or promoted by its action. We believed the change commenced in the coats of the arteries, by which the tumors were supplied with blood, and that these coats underwent first an atheromatous and subsequently a calcareous degeneration, in either case with a diminution of the caliber of the vessel and a lessened capacity for the conveyance of blood.

Professor J. S. Wight, of Brooklyn, more than twenty years ago cited a number of cases of carbonate, traumatic abscess, sarcomatous swellings, scirrhous carcinoma, fibro-sarcoma, etc., successfully treated with carbonate of lime, in the form of prepared chalk. He gave three times a day a teaspoonful of a mixture containing three drams of prepared chalk, ten drams peppermint water, and twenty drams tincture columbo. In the meantime he also gave from 1-40 to 1-15 of a grain bromide of arsenic three times a day.

Professor Wight says that the carbonate of lime seems to be efficacious in those infections which are not properly malignant, and that the bromide of arsenic is of advantage in malignant infections, more especially, perhaps, in cases of sarcoma.

Dr. Hunter McGuire, of Richmond, Va., recommended the use of hypophosphite of lime and soda.

℞	Hyphophosphite of lime and soda	℥j
	Dil phosphoric acid	ʒj
	Distilled water	℥viij

M. Sig.—Teaspoonful in water three times daily and, when indicated, he sometimes used in addition arsenic and iron.

By this it will be seen that carbonate of lime plays an important part in the treatment of cancer.

327 N. 9th Street, Lebanon, Pa.

CANCER—CARCINOMA OR MALIGNANT TUMOR

By W. M. Alter, M.D.

Tumors, by some pathologists, are divided into benign or innocent tumors, and malignant tumors, and these adjectives are sufficient to distinguish between these tumors, for clinical purposes.

Now, when we come to write of the etiology of this disease, we may expect to find a great lack of harmony; therefore, without pausing to criticize this difference of opinions, I proceed to state my own view of malignant tumors. I believe the most important consideration in relation to the cause is heredity; the exciting cause must be developed by environments, and where all the surroundings are active, they will never fail to bring forth the pathologic phenomena of carcinoma. I believe that one great exciting cause is dietary hematoxogenic or toxemia, caused by the use of erroneous diet. It requires a nicety of digestive adjustment, for the digestive apparatus to prepare proper material for the blood out of improper material. Another exciting cause, I believe, may be the introduction of toxic material into the subcutaneous tissues, such as might result from the stings of insects, and the practice of vaccination for protection against small-pox—the vaccination of a person who possesses natural immunity, especially when repeated until it produces a sore, is very dangerous, I think. Yet, I doubt whether all these combined causes would produce carcinoma in a person who did not inherit a pre-disposition to the disease. I believe this is reasonable pathologic philosophy.

Now, taking the view which I have expressed of the pathology the histogenic vital integrity of physiologic cell life is dependent upon the blood through which our being is nourished; this brings us back to the original declaration made by God, in His Word, that "the blood is the life." Therefore, I will adopt as a prophylactic maxim, "good blood, good life," and if we wish to prevent the development of cancer or any other disease, we should strike at the cause through the parentage, and we may say the same of all diseases and undesirable instincts. In this connection, we should avoid all the exciting causes which I have mentioned, such as toxic serums might prove to be, and collect sufficient data from our patients, with a view to preventing these undesirable neoplasms, by giving proper instructions to parents for ante-natal treatment of their offspring. Now as to therapeutic treatment, I should rely somewhat on trying to improve the blood condition, both through dietary regulation and with alterative drugs. I would exclude from the diet such meats as hog meat, and in fact, all meat, except a little fowl or fish; I would, as a general rule, admit eggs, butter (moderately), oats, buttermilk and sweet milk; of the fruits, I would allow peaches, apples (cooked), blackberries, strawberries, raspberries, and plums, but none of these to excess; only one kind at a time. Lemons, oranges, and cranberries are good in such cases. As to the drugs for alterative purposes, I like echinaca, phytolacca, hydrastis and fraxinus americana; sulphur and cream of tartar, also calcium sulphide to saturation for fourteen days at a time, alternated with the following:

℞	Hydrastis	ʒiss
	Phytolacca decandra	ʒv
	Echinaca aug	ʒiij
	Glycerin,	
	Spts. vini rect	āā ʒiiss
	Fraxinus americana	ʒiij
	Fld. ext. populus monelifera, made from fresh bark	q.s. ℥x

M. Sig.—A teaspoonful after morning and noon meal, and at bedtime. This is to be alternated every two weeks with the calcium sulphide.

England, Ark.

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

AN UNEXCELLED DRESSING FOR FETID AND PAINFUL CANCERS

Editor Medical Summary:

As to cancer, I can make no boast of cure, cause nor cutting, and yet it seems my dressing for fetid and painful cancers has not been excelled, nor, I believe, equalled. It caused me to get one of the few extra five dollar bills, over my usual charge. The patient was content and rejected cutting, on account of fear of heart failure, and as a result lived three months longer than Paget's Pathology would prognosticate for such cases. The cause was a bruise, a common one; the course typical; the stage at time of consultation was advanced, the center softening, and the skin just at yielding point. A soft extract of poke berries applied, did some good, but did not prevent the painful and fetid stage of the disease; therefore, after serious consideration, the following was prescribed:

℞	Salicylic acid,	
	Resorcin,	
	Carbolic acid	āā gr. xiij
	Oil cloves,	
	Oil wintergreen,	
	Oil origanum	āā gtts. x
	Oil sweet almonds	ad ℥ij

M. Sig.—Apply on soft cloth.

This dates from June 4, 1894; the patient was allowed to try any advertised cure that was not obviously a fraud or unreasonable, and so returned to the above as being the least offensive, least troublesome to use and the most successful in keeping the crusts soft and detachable, when bathed with warm boric acid solution. The hemorrhagic stage was met temporarily and promptly by cotton with tincture aconite, tincture opium and acetate of lead lotion. But the patient on a second attack completely forgot the relief on hand, and so bled nearly to death, which resulted later. This case received no opium, but I have known two cases of cancer as large as geraniums to be held in check far beyond the time allotted by Paget, and far beyond the case mentioned above, by the steady use of opium, which has that one use surely, to add to its renown in head injuries.

J. P. Dickson, M.D.

Route No. 1, Keokuk, Iowa.

ESCHAROTIC CANCER PASTE

Editor Medical Summary:

This will perhaps prove the shortest article in this symposium on cancer. It is a plea for the paste—sometimes. Sometimes surgical extirpation is inadvisable. Sometimes the patient will not submit to the knife. I know that the use of pastes is almost as unethical (?) as injecting hemorrhoids. But both methods often cure—sometimes too when other methods have failed. The paste that I have employed with a fair modicum of success in times gone by consisted of one part of chloride of zinc with two of flour. This is the most easily managed of the escharotics that do the work. Naturally the remedy must be fitted to the exigency of the case. Intelligent and painstaking physicians can accomplish excellent results in selected cases by the use of escharotics although they must bear the opprobrium of those who regard the procedure a form of quackery.

W. T. Marrs, M.D.

Peoria Heights, Ill.

WHAT IS CANCER?

Editor Medical Summary:

The efforts of shrewd investigators to discover a germ of some sort as an explanation of the phenomena of cancer has failed. Ordinary reason points to such results of their efforts. Germ produced pathological conditions follow certain common pathways that are significant of germ presence, and the pathological conditions connected with cancerous growth and development do not follow the germ path. The features of cancer growth rather follow the pathway of normal tissue growth, but with a run-away relation to other tissues. There seems to be an excess of potent action in the cell proliferation, and a hypertrophy of the cells and stroma of the localized part affected, and its unnatural growth is achieved at the expense of adjacent normal tissues. There is also a toxemia resulting from this run-away action that devitalizes every part of the body reached by pabulum from the blood current.

The type of cell of cancer conforms to one or other of the primitive constructive cells of the body, and is not new in any sense except in its rate of development and multiplication. But the unbalance caused by this undue vital progress of a part, throws all other parts into a retrogression, and by local pressure and pabulum-robbery causes a breakdown of tissues that otherwise would maintain their natural condition of health. This conclusion is forced upon any observer who is not biased by preconceived notions. The rank and file of human healers are prone to readily accept the statement of a scientist who poses as authority, even if it does not conform to their own carefully made observations, which often are more dependable than the boosted theories of men who are honest yet twisted from correctness by ambition and enthusiasm.

A. D. HARD, M. D.

Marshall, Minn.

WHO ARE HEALTHIEST?

Editor Medical Summary:

I read an article in the "*Sunday Paper,*" in which an M.D. asserted that the city dwellers were as healthy and long-lived as the tillers of the soil. He maintained that the farmer worked so hard, rose so early in the morning, that he worked two or three hours before the city man was out of bed; that the farmer got sunburnt, prematurely old and wrinkled, while those in the city had an easy life, free from so much hard labor and exposure.

He forgets that the farmers don't work so hard now-a-days; that he rides to plant, to cultivate, to reap and hires his threshing done. The fresh, pure air of the country and the freedom from tumult and hubbub of the city preserves a sound nervous system a good appetite, and a refreshing night's repose. Statistics prove the farmer to be the healthiest and longest lived.

D. L. FIELD, M.D.

Jeffersonville, Ind.

ELECTROTHERAPY AND PHOTOTHERAPY IN THE TREATMENT OF CANCER

Editor Medical Summary:

I am fully convinced that tonic medication as advocated by Dr. Massey, of Philadelphia, and the lamp treatment advocated by the late Dr. Finsen, of Copenhagen, Denmark, as well as by others, is far superior to medicines and surgery in the treatment of most all cancers. In many cases of cancer the proper use of the X-ray is all that is needed.

I will not burden the reader longer by giving my opinion, but I wish to say to all who are interested, look up the literature on these forms of treatment. Dr. Massey has written a book on tonic medication; some English author has a book on the same subject. "Tousey's Medical Electricity and X-Rays," published by Saunders & Co., Phila., second edition, which is just off the press, discusses tonic medication. "Phototherapy" by Dr. N. R. Finsen, can be obtained from Longmans, Green & Company of New York City, for $1.75. There are several books devoted to the use of the therapeutic lamp and various kinds of therapeutic lamps on the market.

Many good journal articles can be located on this subject, and I hope all who are interested in the cure of cancer will not overlook tonic medication and the therapeutic lamp.

J. D. BURNETT, M.D.

Hartshorne, Okla.

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

MOTHERCRAFT. By Sarah Comstock. Illustrated. Hearst's International Library Company, Publishers. 119 West 40th Street, New York City. 1915. Price, $1.00 net.

The material upon which the contents of this small book (which first appeared in "Good Housekeeping Magazine") are based, has been sifted from the teachings and preachings of physicians, teachers, nurses and specialists, who, in different parts of the country, rank among the highest authorities. The author, from what we have learned from the perusal of her book, has avoided extremists or faddists, and has incorporated that which leads along the happy path of common sense.

OSTEOPATHIC GYNECOLOGY. A text-book on the Diseases of Women, with the Appropriate Treatment from the Drugless Standpoint; Obstetrics Especially Adapted to the Regular Treatment of all Practitioners of the Healing Art. Medical Doctors, Osteopaths, Chiropractors, Naturopaths, Mechano-Therapists, etc. Illustrated with over 100 half-tone engravings. Second edition, revised and enlarged. By Chas. H. Murray, A.B., D.O., D.C., and M. S. Murray, B. S., D.O., N.D., author of "The Practice of Osteopathy," etc. Published by the Authors. Elgin, Ill. 1915. Price, $3.50.

This treatise, Osteopathic Gynecology, is designed for the use of students and practitioners of all schools of medicine, but especially for the osteopath. It teaches:

Special methods of examining gynecological patients; osteopathic diagnosis with appropriate treatment of various gynecological ailments; how in many cases results may be secured without local examinations; how operations may be prevented; treatment of inflammations as endometritis, metritis, ovaritis, etc. Treatment for prolapsus and other misplacements as anteflexions, retroflexions, etc. Treatment for subinvolutions and for all menstrual disorders as amenorrhea, dysmenorrhea, menorrhagia, etc. Diseases of the ovaries, Fallopian tubes, uterus and vagina are all fully considered; this work also teaches the osteopathic care of women during the climacteric, the treatment of abortion and its after effects, and the diseases most common to women and the best osteopathic treatment for them, etc.

There are over 100 photographic engravings illustrating the text, which are, of course, a great help to students in making thoroughly plain the different manipulations or manner of giving treatments correctly. Everything is presented in plain and simple language.

A COMPEND OF OBSTETRICS. By Henry G. Landis, A.M., M.D. Late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and Edited by William H. Wells, M.D. Assistant Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Assistant Obstetrician in the Maternity Department of the Jefferson Medical College Hospital; Formerly Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, etc., etc. Ninth Edition. Illustrated. P. Blakiston's Son & Co., publishers. 1012 Walnut Street, Philadelphia. 1915. Price, $1.00 net.

The Blakiston's Quiz Compends being based on the most popular up-to-date text-books and the lectures of prominent teachers, and being constantly revised are among the very best series of manuals published. Also, by the system of question and answer, the most important facts are brought out more clearly than by the method of continuous composition. The present little volume is its ninth edition, and this fact alone should prove a sufficient guarantee of its popularity.

Summary Gleanings

What is the latest treatment is the universal cry—never is it, what is the best treatment?

Many a good remedy is lost because something newer comes to attract attention before we have had time to try out the preceding.

While radium is good in some cases of cancer, in others it acts as a torch to a bundle of fagots ready to burst into flame.—*Ther. Record.*

What we usually call a cold is a fever; and while we blame it on draughts it is an infection, to which fecal toxemia has opened the door.

Whatever else is done for a cold, clear the bowels by a brisk, thorough-acting cathartic, and keep the patient from eating or drinking for twelve hours.

In digestive difficulties try the effect of limiting each meal to a single article. Repeat no dish within a week. Begin with mush and milk for supper.

Ever feel pain in your feet? Try a pair of rubber soled shoes; and then sit down and write us your thanks for the suggestion. Not rubber heels merely.

While there are newer remedies innumerable, there is no better way to treat an acute pleurisy than Da Costa's—abstinence, a physic, and a full dose of pilocarpine.

Science moves with the swiftness of the glacier—almost. How many of the bacteria have been studied so thoroughly that their pathogenetic activities can be controlled?

Edison investigated plans for making synthetic phenol; chose one, built a factory, installed machinery, and in 30 days was producing what he needed and a surplus for the trade, of better quality and cheaper than ever before.—*Bogart in Med. Fortnightly.*

One can scarcely pick up any medical journal without finding in it articles on intestinal stasis and its evil results.

A proposed Massachusetts law forbids any person wearing a beard or mustache, if doing or helping at a surgical operation.

While bacteriology has separated bacillar from amœboid dysenteries, the same science has united typhus and Brill's disease as identical in cause.

Immediately X-ray a patient who has pain in one loin, radiating down, worse on motion, even without hematuria. Renal calculus.—*Urol. and Cutan. Review.*

The Critic and Guide finds medical journals timid about discussing prevention of pregnancy. Well, the outside of the Pen sure looks good enough for us.

Every doctor should have in his library at least one good cook book. The very best is the Cook County Cook Book, issued by Mabel Sturtevant at $1.00.

At the Minnessota Hospital for Insane, 2,000 persons received typhoid inoculations, Not a case occurred among those vaccinated. but 16 among the unvaccinated.—*Journal-Lancet.*

Viburnum prunifolium is a tonic in uterine derangements. Viburnum opulus is an antispasmodic, very useful with other remedies to relieve the pains and cramps of dysmenorrhea, hence termed cramp bark.

Dr. J. A. Pfaff did a Cæsarian section and saved a woman with eclampsia. Psychotherapy has its place, but it was mighty lucky for that dame that she had a real doctor handy.—*Indianopolis Med. Jour.*

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ELATERIUM

This queer principle is derived from the squirting cucumber, a cultivated European plant. The dose is from 1-20 to 1-10 grain, but its strength and quality vary. It is the most powerful hydragogue cathartic we possess. It causes considerable gastro-intestinal irritation and often nausea and vomiting. It is better given in smaller doses and supplemented with a saline cathartic. Carefully watched it may be safely given to all except the very young or old or those with cardiac weakness. It causes free watery discharges and reduces bloats and swellings as no other remedy does. It is indicated in anasarca, ascites, uremia and cerebral disorders.

THREE ASSETS

Accurate diagnosis.
Positive therapeutics.
An inspiring personality.

Somebody has summarized what a physician should do and be in the three assets mentioned. In order to diagnose correctly, the doctor must be a close observer and he should take ample time. He should carefully weigh and dissociate subjective and psychic symptoms from pathological conditions. He should strive to perfect himself in the use of the stethoscope, the microscope, urinalysis and the newer aids to diagnose as the latter prove their efficiency. In the matter of positive therapeutics we still grope in the dark with the exception that we have just a few specifics or near specifics. But we have a number of drug agencies and mechanical procedures that can always be relied upon to give positive results, provided they be applied in an energetic and well-directed manner. What if their use be somewhat empirical? We know that we get results, so why not study our remedies and exercise faith in them? Half-hearted therapeutics will not avail much. An inspiring personality! Many of us cannot acquire what nature has denied us. We can all, however, cultivate a pleasing and assuring personality and back it up by honesty and square dealing. If we would cultivate a personality that makes the right appeal to our patients perennially we must cultivate the simple "law of being kind."

THE MENOPAUSE

The cessation of such important functions as menstruation and ovulation necessarily exert a pronounced influence upon the woman's nervous and vascular systems. The symptoms made manifest at this time are largely functional or psychic in character, but the possibility of malignancy should not be overlooked. Any hemorrhagic condition out of the ordinary of course will always suggest uterine cancer often involving its adnexa. Other diseases and dyscrasias which the individual may have possessed, although perhaps in a state of quiescence, may now assert themselves with greater vehemence.

On the whole, however, it is for the neuroses attending this change which the physician is usually asked to relieve. The woman is especially inclined to melancholia and despondency and broods over matters that were erstwhile trifles. Obsessions of various kinds may for a while dominate the woman's life, self-destruction being one of the most common fixed ideas Incurable insanity, however, is rare at this period except in those cases presenting a very neurotic heredity. The woman may be very hysterical, but as a rule it is not the fulminant type manifested by younger women. She is disposed to be morose, introspective, and to imagine that she is the victim of grievous neglect.

Insomnia is a symptom the doctor is called upon to relieve, and she insists that she will lose her mind if sleep does not come to her rescue. Along with insomnia are the hot flashes, headaches, sweating, etc., all more or less due to the aberrant behavior of the vasomotor system. Palpitation is also a symptom of frequent occurrence and often actuates a woman's fear, causing her to think that she is a sufferer from some grave cardiac lesion.

The therapy in these cases, in the absence of more serious pathological processes, depends in a goodly measure upon the woman, her particular symptoms and her temperament and environment. Suggestion and psychotherapy may here exert a benign influence. The physician can do much by disabusing the patient's mind of grave fears and by leading her to see that she is not yet an old woman simply because she has passed the fruitful stage of her life. Nerve sedatives are nearly always indicated in the more pronounced cases, and those the least harmful and habit-forming should be employed.

INASMUCH

"Inasmuch as ye have done it unto one of the least of these, ye have done it unto me." Of all the vocations, there is no question but that medical men do more works of charity, than any other, the ministry not excepted. A great majority of Christian doctors do charity in their ministrations, knowing there would be no pecuniary reward, but are prompted by a benevolent, humane motive. There can be no more inhuman, selfish motive than that which prompts men to practice medicine for the dollar, and not for the health. We have heard such announcements and have always formed a contemptible opinion of such men. Such doctors will heartlessly turn a deaf ear to the appeals of the poor, to relieve their suffering. We have heard young doctors say that there are provisions made for the poor, and let them go on the township—in other words, announce to the world, that they are "paupers." Who does not know what an awful humiliation to the pride of many who have seen better days, to have the stigma of "pauper" put upon them.

A physician generally gets his reputation by assiduous attention to the moneyless poor; therefore, by close attention and kindly interest, it will not only be the means of giving him experience, but will rebound to his credit, if he shows himself to be sympathetic and kindhearted to the unfortunate. The great Boerhaave said: "The poor are my best patients; God will be their paymaster." To the poor, life and health are everything; their poverty, and lack of comforts, make them more likely to become sick, and such a condition is sure to make them suffer more keenly, and if you get no money from them, you will, at least, get their gratitude, and a "God Bless You."

It is now recognized that it is not so much the variation in anatomical structure which is important, but rather reduction in the power of the organ to functionate properly.—*J. O. Geraghty, Ind. Med. Jour.*

Blood that appears in the urine only after moving about, is due to bladder or kidney stone. The fresher the blood, the redder will be the color.—*F. S. Crockett, Ind. Med. Jour.*

TELL THIS TO MOTHERS OF INFANTS

It is said that medical reports from stricken France are to the effect that the infants over there are much more rugged than the infants of a year ago. "There's a reason," to borrow a breakfast food slogan. Owing to the privations and hardships to which these foreign women have been subjected, breast nursing has become much more general than in former years. The babes have therefore been the beneficiaries of this return to natural methods of gaining sustenance. It is well for the physician to explain to mothers that human milk contains enzymes, antibodies and corrective secretions that cannot otherwise be duplicated in nature. It should also be impressed upon the minds of mothers that even a partial breast feeding is better than no breast feeding at all.

ULCERS OF THE MOUTH AND THROAT

In ulcers of the tonsils, stomatitis and all sores inside the mouth usually passing in lay parlance as "canker" the mouth should be kept as clean as can be with an alkaline wash. Sore spots should be touched at once with solution of either nitrate of silver or zinc chloride. If neither of these is at hand iodine or alcohol will be effective. The sore throat should be gargled frequently with a solution of sodium bicarbonate or sodium salicylate. For sores in the mouth chlorate of potash locally and internally is useful. Saline cathartics are indicated.

REMOVING STAINS

Nitrate of silver stains may be removed by washing with cyanide of potassium solution. Iodine is also used with the cyanide solution, but the writer has used the latter alone very successfully. Old blood stains look like iron rust, remaining unchanged for years, but they are usually soluble in hot water. Nearly all spots which the doctor gets on his clothing are removed by chloroform or ammonia. Strong ammonia is necessary for iodine stains.

For splinters under the finger-nail which are difficult to remove, apply caustic potash solution to the nail and scrape it away.

PHOSPHATE OF SODIUM

This is a good stock remedy for physicians who dispense. It is a most valuable systemic corrective in many conditions and has the advantage (or is it a disadvantage?) of being cheap. The dose is a teaspoonful or tablespoon in a glass of water before breakfast. It is admirably adapted to the offsetting of acidemia and autotoxemia, especially when the latter is of intestinal or hepatic origin. Phosphate of soda acts on the blood and on the excretion of urea similarly to the calcium salts. It increases secretion generally, especially of the bile, being an excellent cholagogue and thereby aiding in the digestion of fats. In ounce doses it is laxative. There are a number of clinical manifestations in which phosphate of soda will prove effective. In catarrh of the bile-ducts and duodenum, chronic headache, acid stomach and furry tongue, so-called "bilious attacks," and all conditions in which autotoxemia is a factor, this remedy will do good work. It is always an indicated remedy in boils, acne and dermal eruptions of nearly all kinds. Some of the authors go so far as to say it will prevent the formation of gall-stones, since it favors fluidity of the bile. This salt has the decided advantage over many other alkaline salts in that it is not at all disagreeable to take.

QUICK SOLUTION OF BORIC ACID

Every physician has had difficulty in trying to make a boric acid solution with cold water. The solution wouldn't "solute," but some of the powder insisted in floating on top. The *Midland Druggist* has solved the difficulty, at least we hope so. The boric acid is put in a mortar and a little water added to form a paste which is triturated until uniformly moistened. Keep adding the water and in a few minutes a solution is formed. The few particles that float on top will soon dissolve. Another method of making a solution is to place the boric acid in a bottle, add a few drops of water and shake vigorously; then add more water and shake, thus continuing untli the solution is made. A little practice is said to be necessary to become an adept at this.

Raw onion applied to a bee sting is said to give prompt relief.

PHIMOSIS

An adherent prepuce occasionally causes convulsions or other neuroses in children, although the prepuce is not responsible for half the mischief attributed to it. When urinating becomes painful and smegma is retained causing an inflamed condition or balanitis, then the phimosis should receive attention. Occasionally as the boy with a phimosis approaches puberty, the adherent tissues do not relax with the expansion which the growing glans penis produces. In rare instances the growth and development of the child is thereby retarded. When the condition thus becomes pathological there must be a mechanical aid. Very often parents object to circumcision if there be any other alternative. Only in cases where the foreskin protrudes into a long bit of redundant skin sometimes spoken of as a "snapper" is circumcision really necessary. In some cases dilatation with small forceps is effective. If this fails an incision should be made with a bistoury and director dividing the tissues down to the glans. Daily attempts at retraction should be practiced until the condition is relieved. The writer has treated a number of cases in this way and invariably with success. You make a very small matter out of it, and do not frighten either child or parents unduly.

FOREIGN BODIES IN THE ESOPHAGUS

Fishbones, chicken bones, pins and coins are the most common articles that find lodgment in the throat. If the object is small, an attempt should be made to coax an expanding horsehair probang past it an inch or so when it may be possible to bring up the foreign body. In the absence of a suitable probang a skein of thread attached to a flexible bougie makes a suitable substitute in which the body may be entangled as it is withdrawn. Forceps sometimes can be made to reach hard angular bodies. If such sharp, angular objects pass into the stomach, purgatives should not be given, and the diet should be chosen with a view to enveloping it. Hard boiled eggs have been suggested. In all cases of vomiting do not overlook the value of emesis procured by a hypodermic of apomorphine.

POCKET CASE DRUGS

Dr. N. M. Dewees, Cambridge, Ohio, in Lloyd Brothers' monthly publication, gives the following list of remedies which he carries in his pocket case and most of which are classed as eclectic remedies. We take this opportunity, however, to say that class lines in the matter of remedies is rapidly passing and will soon be obliterated. Remedies that are good and serviceable as backed up by clinical experience will continue to exist as general property. We must acknowledge that each of the so-called schools of medicine—now happily blending into one—has a few valuable things which it deserves credit for trying out and promulgating. As just stated, however, these things that have earned their right to remain are now common property. We give this doctor's list of remedies not because we regard them as good, bad or indifferent, but merely to reflect a personal viewpoint. Here is the list: Aconite, apis, apocynum, arnica, asclepias, belladonna, bryonia, baptisia, cactus, cinnamon, digitalis, dioscorea, ergot, echinacea, geranium, gelsemium, hamamelis, ipecac, jaborandi, lobelia, macrotys, matricaria, nux vomica, phytolacca, pulsatilla, rhus, sticta, anguinatia, veratrum, xanthoxylum, antifebrine, bismuth subnitrate, compound powder lobelia and capsicum, diaphoretic powder, quinine sulphate, 2 grains, salicylate of soda, sodium sulphate, bromide of sodium, chlorate of potassium, chloroform.

CORRECTIONS

July number, page 158, right-hand column, in Dr. Burnett's article, the word "tonic" should read "ionic."

Also in Dr. Trabert's article, page 155, 17th line from the bottom "carbonate" should read "carbuncle," and the 26th line, "we believed" should read "he believed."

Who can differentiate a neuralgia from a neuritis? Or can not the two conditions coexist? It is said that pressure over the nerve increases the pain in neuritis. The pain of neuritis is more constant and there are peripheral disturbances in the structures supplied by the affected nerves.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

TYPHOID FEVER

By D. W. Reed, M.D.

At this time or season of the year the dangers from typhoid fever contamination increase, and physicians and health officers everywhere should unite in their efforts to safeguard the public from its ravages.

In order to contract the disease, the germs causing it must be introduced into the system. All cases of typhoid fever result from some other case or cases; there are many ways, however, in which the infection may be spread. The germs are discharged from the typhoid fever patient in the urine and feces, and occasionally in the sputum. One drop of urine has been found to contain at least 1,000,000 typhoid fever germs. The germs thrive under favorable circumstances outside the body for several days. In this way they may enter the sewers, be conveyed to the lake or river which furnishes the drinking water of a large city, and in this way large epidemics frequently originate. The germs are often carried on the hands of attendants and the food and drink of great numbers of people are frequently polluted in this manner.

Epidemics frequently result from the infection of foods and drink at public dinners of various kinds, picnics, etc. In well-defined cases, thorough disinfection of all discharges, clothing, dishes, remnants of food, etc., would, of course, control the spread of the disease. Unfortunately, this is very difficult to accomplish, especially when one person takes care of the patient and prepares the food for the family. Under unfavorable circumstances for perfect isolation of the patient, typhoid vaccine should be used to protect those subject to exposure. Late diagnosis or mistakes in diagnosis are often responsible for the spread of the disease. Some cases are so mild that they never come under the observation of a physician, the patients thinking themselves to be suffering from some trivial ailment, not requiring medical attention. It is estimated that about five per cent. of those who have suffered from this disease become typhoid carriers, the bacilli being found in the blood, urine, feces and gall bladder. Some persons have been discovered to be typhoid carriers, who have never suffered from an attack of the disease, so far as can be ascertained. The mild, unrecognized cases, and the typhoid carriers are very dangerous sources of infection, and serious epidemics have been traced to this source.

The discovery of the bacillus typhosus in suspected cases is an early means of diagnosis, while the Gruber-Widal or agglutination test is a valuable aid in all doubtful cases after the first week and, taken with the symptoms present, is usually diagnostic. The most positive test is, of course, the isolation of the germ from the blood in pure culture. This can usually be obtained during the first week of the disease.

All cases should be reported promptly and the premises put in order, the patient isolated and proper disinfection established. A warfare should be initiated against all unhygienic conditions; unsanitary privy vaults and manure heaps should receive proper attention, and the source of the water and milk supply investigated. Water from wells in close proximity to a privy or barn should be condemned; the fly must be exterminated by up-to-date methods. The Department of Agriculture recommends that the manure heaps be treated with borax and crude calcium—.62 of a pound of borax and .75 of a pound crude calcium dissolved in two or three gallons of water being sufficient to disinfect ten cubic feet of manure. As the fly is propagated almost exclusively in heaps of horse manure, and is one of the most dangerous means of distributing the germs of the disease, the cost of one cent per horse a day, as estimated by the Government, is insignificant in comparison with the result.

In the treatment of typhoid fever, we should see that the bowels are thoroughly unloaded, preferably by divided doses of calomel, followed by castor oil or a saline; this should be repeated as often as necessary to produce a daily evacuation. The writer has found sulphocarbolates in 5 grain doses every two hours a great aid in maintaining a normal condition of the bowels, and it seems to check excessive peristalsis. The diet should be rich in carbohydrates, and a moderate amount of protein should be used; also, strained vegetable soups, oatmeal soup, toast, cereals, buttermilk, in which the lactic acid fermentation has progressed sufficiently to make it sour. Give three meals daily, with fruit juices in abundance between meals; however, the patient should not be urged to take food when it is repugnant to him—the appetite should be the guide and should be carefully guarded. If indican appears to any great extent in the urine, diminish the protein in the diet, and increase the carbohydrates. To control the temperature use cool or tepid sponge baths every hour until the fever is lowered sufficiently; also apply a cool compress from neck to thighs between the baths, and cool them (the compresses) as often as they get warm. In hyperpyrexia, the cold wet sheet pack has been very helpful in my experience. The patient will go to sleep almost immediately, and enjoy an hour or two of refreshing sleep, and awake with the temperature lowered, often two or three degrees.

Above everything else, the physician should teach his patients that typhoid fever is the result of unhygienic environment and, to avoid it, we must clean up the premises both outside and inside: abolish manure heaps or disinfect them, look after the water and milk supply, and eradicate the fly. In this way only can we hope to be free from typhoid fever.

Greeley, Colo.

Mulleined oil is said to be very effective in relieving many types of deafness. A few drops are instilled in the ear once or twice daily. A few drops of glycerin should occasionally be used in the ears to soften any hardened structures that may exist.

THE X-RAY IN THE TREATMENT OF CANCER

By Mary L. H. Arnold Snow, M.D.

In this age of investigation and progress when new measures are constantly being sought to combat the inroads of perhaps the most fatal scourge of humanity, a consideration of one of its most effective opponents—the X-ray—is apropos.

Since there is considerable apprehension in the minds of some of the profession as well as the laity in regard to the employment of the X-ray therapeutically, a few words may be said in explanation.

The X-ray, like many of the most efficient drugs, is capable of doing much good or harm depending upon the method of application. It should not be employed by a novice, for its use might prove injurious not only to the patient but to himself as well. The tube should be properly protected by a thick lead glass or other suitable shield for the safety of both patient and operator. The idiosyncrasy of the patient is also a factor. Blondes as a rule are more susceptible than brunettes, but in our practice marked exceptions to the rule have occurred.

The amount of current employed and its source are essential factors as well as the distance and the duration of treatment. In the majority of instances the accidents occuring in early days were due to heavy amperage and too long exposures. The minimum dosage for a desired effect was then unknown, but the modern appliances and improved technic for regulating the administration of X-ray treatments at the present time, have effectively robbed it of its terrors.

Another factor of prime importance is the determination by the operator of the degree of vacuum of the X-ray tube by one of the pentometers or by noting the length of the spark-gap backed up instead of using the hand and fluoroscope, thus avoiding all harmful effects of dermatitis, keratoses, or X-ray malignancy.

In the hands of the expert the X-ray accomplishes more than one would dare to hope or state, while in the hands of the novice it may prove not only ineffective, but actually dangerous to human life. Many factors affect its efficacy, one of the most important being the type of apparatus employed.

The static machine or transformer may be used as a source of energy. The static machine may be of a Holtz, Toepler-Holtz or Holtz-Wimshurst type. A high speed machine is preferable having greater amperage, but any of the types may be used. When employing a static of lesser amperage with a low vacuum tube, a series interruptor should be used to increase the efficiency of the ray. A milliamperemeter should also be in circuit to indicate the quantity of current used; for a decided difference in effect results from a difference in current strength and also if the current be a varying instead of a constant strength during the administration of the treatment.

A coil drawing from three to five amperes of a 110 volt current is practical for therapeutical X-ray purposes. The coil has an advantage over the static for general radiography, its portability, and not being affected by humidity. Whereas the static machine has a greater field of therapeutic application for other uses than the X-ray, is less severe on the X-ray tube and can be employed where water power is available. Whereas a greater milliamperage can be obtained from a coil, as a rule it is apt not to give the same constant current strength throughout a treatment as does the static current. There is also a difference in the quality of the X-ray produced. What the difference is has as yet not been determined, but to the writer it seems that there may be a similar difference in the quality of the ray as there is in the quality of the static and transformer discharge, one being marked by its contractile properties, the other by its heat.

If after the examination of a patient suffering from cancer, it is deemed advisable to use the X-ray, it is well to advise the patient as to its effect. Radium is the treatment par excellence, for sarcoma, but as yet we believe in the use of the X-ray for all other cancerous growths. If the cancer is an epithelioma no filters are used in its treatment so a dermatitis follows a series of rayings, which dermatitis must be carefully watched as the ray has a distinctly cumulative effect, otherwise a second degree dermatitis might ensue which is difficult to combat and absolutely uncalled for. This reaction is desired and the patient should be so informed. A high candle power lamp may be used to counteract a too severe dermatitis. If the condition be an internal one, the aluminum filters are used and the superficial effect resulting is a bronzing or tanning of the skin, which shows a redness when it is bathed.

When treating an epithelioma or similar condition no filters are used, as the effect of the rays of shorter wave length are desired and the patient is told that a telangiectasis may be a possible accompanying result but not a probable one. Rarely, very rarely, does such a result occur. We always speak of this although in sixteen years practice we have had but four cases. The use of a high candle power lamp for a long period of time is beneficial if a telangiectasis occurs. Filters prevent this when deep raying is used.

The patient is also told of the immediate effect of a treatment. Marked contraction of the tissues and relief from pain that has been caused by pressure follows one or more treatments. On the other hand, a pulling, or drawing, or sticking pains may follow a treatment, and at the height of the cumulative effect of the X-ray, if used in a breast case it may cause the arm and forearm to ache as from a neuritis. If a pelvic condition is being treated the hips, thighs or legs may be so affected.

For the protection of the operator and the patient a thick lead glass shield about the bulb of the tube is a necessity, and the use of a self-regulating tube is preferable, a high vacuum tube having a spark-resistance of two to four inches being indicated for deep raying. For screening or for the protection of surfaces not to be exposed a composition metal, 22 gauge, is employed, it being cut the desired shape to meet indications: If the thyroid, parathyroid, thymus or adrenals are not affected by the growth, they should be protected if the tissues adjacent to them require the use of the ray.

Cylinders of different diameters or truncated cones, the small opening of which should range in diameter in different shields from one-half to three and one-half inches are used to limit the area of the field rayed to meet the varying conditions.

The distance at which the tube, properly the target, is placed from the patient is from eight to fifteen inches from the part rayed varying with the current strength when employing one and a half ma. preferably, with a moderately high vacuum tube for most purposes.

Our general rule is to use the X-ray on alternate days or three times weekly, as every day treatment is not advisable owing to its cumulative action and massive doses are unnecessarily dangerous.

For all raying beneath the skin aluminum filters of about three mm. in thickness are used to absorb the rays of lower frequency which cause dermatitis.

The time for each seance has varied according to the condition treated. It is very important to ray heavily enough to get an inhibitory instead of a stimulating effect with the X-ray, and yet not sufficient to produce an undesirable reaction. Of course, time used for actual raying, the distance between the anticathode and the surface treated, the degree of vacuum of the tube, the use or non-use of filters, and the strength of the current employed, the uniformity of intensity during the treatment, as well as the energizing power should each be considered. The employment of the X-ray in indicated cases with due attention to all factors is essential to success. Failure to recognize the importance of each factor will lead to failure and condemnation of the X-ray.

We believe the pre-operative as well as post-operative raying are important in the treatment of malignant disease. Pre-operative raying for from six to eight weeks better prepares the patient for the operation because it diminishes the pain and arrests the activity of the process and this increases the patient's resistance, besides sometimes causing the disappearance of tumors suspected of being malignant. Post-operative raying softens scar tissue, prevents parts becoming adherent, increases the mobility of the limb nearest the affected region, and stops inroads of the disease.

As Dr. William Benham Snow has so aptly stated, "The relative degrees of destruction of abnormal tissue and possibly of the normal tissue as well or complete destruction of the abnormal and partial or complete restoration of the normal, will depend upon many elements which are variable: (1) The penetration of the rays of different tubes variously excited; (2) the relative vitality of the tissues; (3) the physical status of the patient; (4) the depth or the thickness of the intervening structures; (5) and the length, frequency, and distance of exposure."

A radiogram, particularly in breast cases, is desirable from time to time to mark the effect of treatment on the mediastinal structures which should be rayed by a broad cross fire method in all cases after operation.

The cross-fire method is used, but it is not that of Geiss. We find that the use of one and one-half ma. of current for fifteen minutes over particular sites three times weekly for a period of several months is preferable to a higher amperage for a lesser number of times.

As an illustration, Miss B. was operated on at the Woman's Hospital in 1914 for carcinoma of the left breast. Extensive involvement was present, and the case was regarded as hopeless. When she presented herself for X-ray treatment parts were adherent, the skin over one site was not healing and the left arm was swollen and helpless. Her treatment was as follows: She received treatment for 45 minutes each day she presented herself, which for four months was three times weekly, the time being divided as follows: Fifteen minutes exposure anteriorly using a broad ray, with filters but with compressor diaphragm removed, the exposure thus including the neck glands and the left side of the chest and the anterior of the left shoulder and the arm; the second exposure was made for fifteen minutes toward the left axillary space with the patient on her right side, the left arm being tied or held in such a position as to expose the left axilla; the third exposure was with the patient lying in the prone position, the ray being directed to the left side of the chest posteriorly. The part that was sluggish in healing was given a few direct rayings without the filters under which it improved. It was shielded from the rays during a few seances that followed to allow regeneration of the normal tissue until fully healed with a resultant soft scar. Filters of aluminum were used in these treatments with the exception of a few exposures as above mentioned and directly over the scar tissue for a few times where a greater effect superficially was necessary when no filters were used.

The application of the rays in this manner with the filters eventually leads to a tanning of the surface with a slight itching of the skin and the presence of a slight reddening of the surface when bathing. This is the resulting effect sought, and is a sign for less heroic raying or a temporary cessation of the use of the ray directly over the site so affected. When such effect occurs as on the anterior surface of the chest, the second and third exposures as above described are given and in place of an exposure on the chest anteriorly, an exposure can be given posteriorly over the right side of the chest or anteriorly over the right side of the chest; in the latter exposure the left side where the active effect has been obtained should be covered with a lead or composition metal screen. In either of the last mentioned exposures the tube is inclined so the rays go toward the affected side. In this way the mediastinal structures are cross fired.

It is in order to state that exceptionally the X-ray has a deleterious action on the heart, patients so affected complaining of symptoms of a weak heart. In such cases we cover the heart area with a composition metal screen and more occasionally make a crossfire application take the place of a direct raying.

Such treatments are continued or modified according to findings until all parts formerly adherent are freely movable and a radiogram shows freedom from internal involvement.

As auxiliary measures auto-condensation treatments for twelve minutes with 400 or 450 milliamperes of current are given these patients as they often have a high blood pressure, and a static insulation treatment of 15 or 20 minutes for its sedative and tonic effect completes our routine treatment. If treatment other than the X-ray is given for an accompanying neuritis, the direct d'Arsonval or the Oudin current is prescribed.

Accompanying breast cases we often find pain in the hip which if a simple sciatica will yield to static treatment, but if metastatic is best treated with the X-ray.

Our successful treatments have not included malignant pelvic cases where so much is unrevealed to the eye, or to the skiagrapher, which makes it difficult for the operator to meet conditions as they arise. Marked success has followed the use of the X-ray in non-malignant pelvic cases. Our successes in carcinoma elsewhere make us enthusiastic to plead for a more extensive and thorough use of the X-ray by the general practitioner in whose hands it will prove a most effective agent in the prolongation of human life.

2020 Broadway, New York City.

Our larger resorts could be improved by having a competent physical director employed—preferably a graduate in medicine. —*Public Health.*

LET'S TALK IT OVER, BOYS

By "Old Doc"

Good morning, boys, come right in and let's have our little random talk while John is hitching up old Dolly.

Now, these little random talks may not be interesting or instructive to you, but I always enjoy them. It is here that we can exchange ideas with each other and clasp hands across the distance and feel that we are one big family of workers in a good cause.

Now, speaking for myself, I must say I alone am responsible for my own blunt style of expression. It may seem a little harsh but the truth itself is harsh. Now, boys, after reading so many articles in the medical journals here of late on the cause of poor collections I thought I would turn loose a little dynamite on the subject. I know there are oodles of better subjects and I do hate like fury to worry you and the editor with such a sorry one, but I do feel like that it is a subject that concerns us all.

No doubt I will be called a kicker and, boys, you know how some folks hate a kicker worse than a Wednesday night prayer meeting, but I had rather be called a kicker than a drone.

Some folks are kickers from the force of habit, some are kickers because their daddies are kickers, but I, myself, was born a kicker so you see it is perfectly natural for me to be a kicker.

Now, boys, speaking about the cause of poor collections, here it is as plain as a bug in your soup.

I asked a very wealthy man a few days ago who had been owing me a bill for a year if he could settle it. I told him the depression in business last fall made collections very sorry for the doctors. "Oh, well," said he, "that is simply in the way you doctors feel!" Great iron spoons and clubfooted nightmares! Think of it! Now, boys, don't you see that our feelings are to blame for it? Why didn't we think of it sooner? But then, you know habit has a great deal to do with us. We old doctors have just been galloping up and down the road with our old medicine pouch day and night in the rain and cold looking at tongues and feeling of pulses, trying to cure old Bill Short of pellagra and Jim Smith's old sore leg, and John Jones' wife of hysterical fits, who is trying to bid farewell to this vain world of crossroad doctors and asafœtida pills.

Taking any old thing for pay, such as old poor yearlings that you can read a newspaper through, sorghum syrup, rotten fodder, apple vinegar, and so forth until our consarned feelings have just about got the best of us.

When we are hungry, we feel hungry, when our pockets are empty they feel empty. Don't know why but they do. When we are out of money, in debt, and have worn our shoe soles to the quick trotting up and down the road trying to collect our bills and can't—well, boys, it may be our Christian duty to suck wind and swell out our bellies and feel like the president of a railroad but it is devilish hard to do. Shucks, in August let's change the subject and talk about sick folks. Nobody cares about doctors' troubles. Now I am going to tell you how I treat dysentery, not that I have anything new to offer, but I am going to tell you how I use the old reliable remedies and if you know any better methods, pray tell me. When I am called to attend an acute attack and find the tongue coated yellowish brown, stools scanty, and contain blood and mucus with tenesmus and so forth I give the following:

℞	Calomel	gr. viij
	Pulv. ipecac	gr. j
	Salol	gr. viij

M, Ft. Chts. No. 8

Sig.—One every hour followed by a tablespoonful of sulphate of magnesia until bowels are thoroughly cleaned out. Then the following:

℞	Sulphate of magnesia	℥j
	Tr. opii. camph	℥j
	Tr. ginger	℥j
	Alkaline elixir	ad. q.s. ℥iv

M. Sig.—Two teaspoonfuls every hour until bowels are controlled; and five drops each of oil of turpentine and fluid extract of hamamelis on sugar three times a day.

If fever is present I give the following:

℞	Aconite granules 1-134 gr. No. 16	
	Specif. tr. ipecac	gtt. viij
	Elixir lact. peptin	℥ij

M. Sig.—One dram every two hours until fever subsides.

Now, boys, in my opinion sulphate of magnesia is as near a specific for dysentery as quinine for malaria.

Now, if the above should fail, which it rarely does, I give the following prescriptions, which cannot be excelled.

℞	Arsenious acid	gr. 1-8
	Emetine	gr. ij
	Ergotine	gr. viij
	Morph. sulph	gr. ij
	Piperine	gr. j

M, Ft. caps. No. 8

Sig.—One every six hours and saline laxative every morning.

This is the finest pill that I have ever used in my many years' practice. It rarely takes more than half a dozen pills to effect a cure.

Say, boys, what in thunder do you do for a patient who has intussusception of the bowels and has reached the advanced stage before you are called and is too weak for an operation? Well, I'll tell you what I do. I raise the buttocks and lower the chest and inject the following through a large rectal tube:

℞	Sodium bicarb	ʒj
	Aqua	℥viij

M. Sig.—Inject high up into the bowels, follow immediately by:

℞	Tartaric acid	ʒj
	Aqua	℥viij

M. Sig.—Inject, pressure being made against the anus to prevent escape. Also give arsenite of strychnine, hyoscyamine, glonoin, and other remedies that seem indicated. I have succeeded in moving the bowels with the above treatment that have been locked for eight days, and have effected a cure in many cases that was given up as hopeless by other doctors.

Well, I see that John has got old Dolly hitched up, so I will have to be off. So long, boys.

When a ring becomes so tight on a finger that its removal seems necessary, you will usually save time by insinuating the blade of a scissors through it and then snipping it in two.

HORSE NETTLE (Solanum Carolinense) AND RATTLESNAKE VIRUS (Crotalin) IN THE TREATMENT OF EPILEPSIES.

(An answer to queries in June *Medical Summary*)

By Daniel C. Main, M.D.

Member National Association for the study of Epilepsy and the Care and Treatment of Epileptics; American Medical Association, Florida Medical Association, Etc.

In the June number of *The Summary* there appeared two queries regarding drugs which have been or are now being urged as almost specific in the treatment of the condition known as epilepsy, or better named, the epilepsies.

When Napier first introduced solanum carolinense it was thoroughly tried out in one of the State institutions caring for the epileptic, and Dr. William P. Spratling says on Page 381 of his admirable text-book, "Epilepsy and Its Treatment," "My experience with solanum carolinense leads me to believe that we have n it an effective remedy in selected cases. Those taking it should possess a strong physique, good digestive powers, and show as little mental impairment as possible. Severity of the attacks makes no difference. It is given in the form of the fld. ext., in doses of half a dram to a dram three times a day."

To the above indications I desire to add the following: Solanum carolinense is particularly indicated in epilepsies of the so-called idiopathic type, especially where the epilepsy began after the age of childhood. It is also sometimes indicated in hystero-epilepsy.

Please note in Dr. Spratling's comments the use of the word "selected." The same commendation can be applied to every remedy that has the property of lessening cortical irritability, as, if epileptic attacks are due to an abnormal readiness of the cells of the cortex for action, then it goes without saying that any remedy that will lessen this irritability may be indicated.

Please differentiate "*etiology*" and "*pathogenesis*." We know vastly more of the etiology of the epilepsies than we do of the pathogenesis.

There is no specific cause for the various epileptic manifestations, as the men who herald these new preparations would have you believe, judging from the phrasing of their advertisements and articles calling your attention to one particular preparation as a cure in epilepsy, and not as one of the possible aids to such a cure.

The causes of the epilepsies are numerous and varied—any anatomical or physiological error of moment may be the exciting cause, plus the epileptic or convulsive tendency.

I have seen the removal of a large amount of adenoid tissue cure a case of grand mal seizures of nightly occurrence of years' duration.

I have seen a case cured by the removal of coffee from the diet, the grand mal seizures being beyond doubt due to caffein poisoning, and I might go on citing various causes, which demonstrate to my satisfaction that the hunting for a serum or specific is equivalent to hunting for the proverbial needle.

The general practitioner could not, by force of circumstances, give to the examination of his epileptic patient the requisite time for a proper examination, hence he fails to find the cause in the cases that are curable.

In our work we are never satisfied until we have devoted three or four sittings of about two hours each to the examination of each patient, and we often find in this way, some factor that the general practitioner overlooks, or if finding it, considers it negligible so far as the epilepsy is concerned.

The above comments on solanum carolinense can also be applied to crotalin or to any other preparation brought out in the past, present or future as a cure for the condition known as epilepsy, which condition is only a symptom.

These preparations are beyond doubt all good in their places, but when they are first brought out, it is our deplorable custom to use them in every case that comes along; we meet with more failures than success, say the thing is no good, and it is lost to the profession for years, sometimes for good, unless some more conservative brother in his study of a difficult case brings it to light again.

Welaka, Florida.

Properly cared for, the Lumsden apparatus may be located alongside the dwelling closely, instead of at a distance as is the custom with farm toilets.—*Waugh, Public Health.*

A resort without facilities for bathing is no resort at all. Water containing diluted sewage is not for bathing.—*W. H. Smith, Public Health.*

SOME IMPORTANT FACTS ON THE DIAGNOSIS OF DISEASES OF THE HEART

By F. L. Jackson, M.D.

How often in making a diagnosis we are apt to give attention to the more important points while the lesser details which, if allowed to continue, might develop into something quite as serious. Gerhardt in his "Lehrbuch der Auskultation, Percussion mit Besonderer Berucksichtigung der Besichtigung, Batastung und Messung der Brust und der Unterlieb zu Diagnostischen Zwecken" has given the following, which I wish to use as the basis of this article:

"To determine the strength and position of the heart, examine the apex-beat, while the circumference may be best determined by percussion; the working power of the heart or the amount of work that it is capable of doing may be best determined by the radial pulse while the condition of the valves, heart muscle and of the arteries is learned by auscultation.

The Apex-Beat

The apex-beat is found normally in the fifth interspace at a point between the parasternal and mammillary lines and any marked deviation from this point is indicative of some pathological condition. The apex-beat may be displaced to the left by dilatation of the left ventricle, by pleuritic effusions, tumors and pneumo-thorax on the right side or by a retracted pleura on the left side. It may be displaced to the right by pleuritic effusions, tumors or pneumo-thorax on the left side or by a retracted pleura on the right side. It may be displaced downward by hypertrophy of the left ventricle, less often by aneurism and sometimes by an unusually deep attachment of the diaphragm. Displacement of the apex-beat upward takes place only when the diaphragm is pushed upward by extraordinary distention of the abdomen, ascites, meteorism, dilatation of the stomach, tumors, pregnancy, etc. A diminution in the force of the cardiac impulse and apex-beat to a point where it can not be felt, may take place in very fat persons, in emphysema, effusion into the pericardium and in all weakened conditions of the heart. The force of the cardiac impulse and apex-beat may be increased physiologically by excitement, great exertion, fever, etc. In hypertrophy of the heart, also in dilatation when the apex-beat is displaced outward. A presystolic thrill at the apex denotes mitral stenosis while a systolic thrill felt at the second intercostal space denotes aortic stenosis although the same conditions may be produced by an infiltration of the corresponding lobe of the lungs.

Percussion

The area of cardiac dullness (absolute flatness) is limited internally by the left edge of the sternum, externally by a point between the parasternal and mammillary lines, superiorly by the lower edge of the fourth rib, inferiorly by the sixth rib. Extension of the area of cardiac dullness to the left over the mammillary line, denotes dilatation of the left ventricle. Extension of the area of cardiac dullness to the right beyond the left edge of the sternum, denotes hypertrophy of the right ventricle. A simultaneous extension of cardiac dullness in all directions, denotes pericarditis or hydro-pericardium. "Hypertrophy of the left ventricle is diagnosed (a) by the powerful apex-beat; (b) by the abnormally high tension of the radial artery; (c) by the accentuation of the systolic mitral and dyastolic aortic sounds.

Hypertrophy of the right ventricle is diagnosed by the abnormal accentuation of the second pulmonic sound" (Klemperer).

The Pulse

Under this head I wish to describe with some additions of my own, a unique method of studying the condition of the heart suggested by Hoffman-Garson in their "Remedial Gymnastics for Heart Affections." First examine the patient's pulse, then give him some resistance gymnastics until he becomes a little fatigued, after which another examination is made. If the heart is normal, there will be a slight increase in frequency and force, which after a short rest will return to normal. A marked increase in frequency with a slight increase in force will denote either a paralysis of the vagus, an irritation of the sympathetic or both. A marked increase in force with a slight increase in frequency would indicate an irritable condition of the heart muscle. While a small, rapid pulse would denote a general weakness of the heart.

A slow pulse is usually attributed to an irritation of the vagus or a paralysis of the sympathetic. If, after such exercises, the pulse remains the same or is even slower, with a slight increase in force, we may suspect an irritation of the vagus. If there is a marked increase in frequency with a slight increase in force, we may look for a paralysis of the sympathetic. If there is a marked increase in both frequency and force, there is probably a paralysis of the sympathetic and a weakness of the heart muscle while the vagus remains normal. Similar experiments may be conducted with the sphygmomanometer and the X-ray with quite as good results, and those interested in the work will do well to read the book mentioned above.

AUSCULTATION

By this means we are able to study the condition of the heart muscle, the valves and, to a certain extent, of the great vessels. A diminution of the heart sounds may be caused by dilatation of the heart or by a diminished tension of the valves. A diminution of the second sound would denote a diminished tension of the great vessels, so that the blood is being forced with less pressure against the aortic valve. A diminution of all the heart sounds denotes that the contractions of the heart are not taking place properly. A diminution in any one of the heart sounds indicates a weakness of the muscle fibers which preside over that particular function; thus a weakness of the first arterial tone is heard in severe cases of typhus, while a weakness of the first mytral tone would suggest fatty infiltration of the heart. It would be well to remember that emphysema, infusions into the pericardium, etc., may cause similar conditions. An increase in the heart sounds may be caused by hypertrophy or by a retraction of the lung so that a larger surface on the heart muscle is exposed to the chest wall. An increase of the second pulmonic sound denotes a defective pulmonary circulation and hypertrophy of the right ventricle. An increase of the second aortic sound indicates hypertrophy of the left ventricle and arterio-sclerosis especially if it be accompanied by a tinkling sound, although the latter condition may be caused by an increased tension of the flap of the aortic valve.

Westbrook, Maine.

AUTHORITY vs. INTEREST

By D. P. Oldham, M.D.

Authority, in its primary sense, means legal power, or a right to command or to act, as the authority of a prince over his subjects and of parents over children. It also means that which is claimed in support of opinion, and the latter definition is the one with which we wish to deal in this paper. Now, in a general sense, every person has some authority for his opinion, since anything, whether true or false, may produce an opinion or belief. Hence we will have to restrict the word "authority" so that we may be understood in this paper. The authority with which we will deal may be defined thus: The person or persons who are in a position to know of what they speak, and whose interest would be to speak the truth. It is a sad fact that many of us know less than we should know, and a still sadder fact that many of us know more than we are willing to tell the truth about.

Now, why do we know less than we should know? This is explained in many ways. We may have many opportunities, we may fail to make good the opportunities we have, and we may fail in observation, in comparison, in reasoning power, in judgment.

And why do many of us know more than we will tell the truth about? This may be answered in one short sentence: It is to our interest to tell a falsehood. And this brings us to the next part of our subject—Interest. There are many definitions for this word, but the one I shall accept is this: Regard to private property. We let the word "property" mean real property, money, honor, or anything that adds desirable assets to the individual. So this Interest—regard to private property—this love of money (the root of all evil) has stood against Authority ever since our good mother Eve turned loose the Authority to listen to Interest such as this: "Thou shalt not die, but thou shalt be as God, knowing good from evil."

There is an authority in every science, whose sole object is to learn every truth, both known and to be known about that science. This authority is best pleased with the truth, for the more truth they find, the more their interest is served, and this is one great reason for their words being taken as Authority. Then if a man's own interest is best served by telling the truth, that constitutes one essential in any authority. The next essential is the facility for acquiring knowledge. Give me a man whose facilities for finding out truths are perfect, and whose interest is completely served by telling all the truth, and I will call him the best authority on those things, that it is possible to find.

Now in the study of medicine, as in every other science, we have book-makers who constitute our authority on medicine and therapeutics, and while no one has been found who constitutes perfect authority, yet these book-makers more nearly come up to the perfect standard than any other source. And why? In the first place, they are men that have ascended to a great height and passed many narrow gates that a drone, or even an ordinary scholar, cannot pass. How many courses in medicine, how many rigid examinations, how many years in training services had Osler, Tyson, Loomis, Hare, Anders, Butler, etc., to take, before they were permitted to stand at the head of a hospital in this country and Europe? This position alone is one guarantee of their knowledge; so we can confidently say that these men could not have reached these positions without real efficiency. Now, after attaining those positions, what do we find? They are surrounded with every diseased condition to which mankind is subject; surrounded with every instrument known to science for finding out what the disease is; surrounded with specialists to help make diagnoses; have on hand every medicine that claims any merit at all; and last, but not least, they have many patients with the same disease at the same time upon whom they may try a remedy that seems to cure one of them. Again, these patients are, as a rule, of such a class that they may use a perfectly free hand in their treatment, without restriction, either by the patient or his family. Then after a patient dies they have the opportunity of holding an autopsy, and they are possessed of the men and instruments, even to go into an elaborate study of the different organs and tissues of the whole body—and they do it even to the separation of bone, marrow, blood and microbes. After years of such practice, study, and reasoning, these men write books and, remember, they have been comparing their books with their own findings or discoveries all the time. And these men, keen in intellect, high in position, noble in character, and saturated with information, are battling for the truth, for it is to their interest to find and tell the truth. What would their books be worth if they asserted that antiphlogistine would cure pneumonia; that calcium sulphide would cure all suppurative processes; that calcidin would cure membranous croup; that sulphocarbolates would cure typhoid fever, and that liquozone would cure everything from a bad cold to leprosy? Can you think for one moment that these men have not tried every medicine that you or I know? They have tried them, and they have found them wanting.

Who is it that says we have found a cure for pneumonia, for typhoid, measles, whooping-cough, scarlet fever? It is Dr. A, or B, or C, clear down to Dr. Z. From one to five thousand doctors are saying that they can cure diseases that the book-makers with 95,000 other doctors say are perfectly incurable and self-limited. Why this minority against the majority? But you can quickly turn the minority into the majority, if you will just bring in the laity, for they believe almost to a man, that every disease can be cured, and the more illiterate they are, the more firmly do they believe in the curability of all diseases. Does anyone dispute this? But why is this minority of doctors and the majority of the laity persisting in the idea that all disease is curable? The source of this belief is found in interest—regard to private property—and the sustaining power of this source is ignorance. The laity will pay all they have to get well, and will believe a liar much more readily than they will the truth. Do you see any incentive there for the "quack"? Really, do you see any incentive for "quackery" by the real M.D. Dr. A. makes a medicine and says it will cure pneumonia; Dr. B. gets hold of this medicine, and tries it on patient No. 6; patient No. 6 gets well in five days, and then he praises Dr. B. for curing him so quickly; then Dr. B. writes to Dr. A. telling him how quickly patient No. 6 got well, and says he wants more of the real "stuff" that cures pneumonia; Dr. A. sends it quickly, writes in his little note-book how rapidly Dr. B. cured patient No. 6. Now, Dr. A. sends out the testimonial of Dr. B., and many other doctors, from ocean to ocean, send for this same medicine; Dr. B. also tells his neighbors that he cures pneumonia, and that very quickly, and the result is that more patients send for Dr. B., and more doctors send for Dr. A's medicine, and all are optimistic, advanced, and progressive. Thus, do you see how quacks are manufactured?

Read the journals of the day and see how many cases of pneumonia and typhoid are being cured by doctors all over this country. Why couldn't Osler cure like this? Not a book-maker of any note in this country or the Orient can cure either of these diseases. But, you remember that Dr. Woodbridge once could cure typhoid fever so quickly and easily that the patient need not be confined to the bed—no, not even quit his business—if he, Woodbridge, could see the patient in time. He even wrote a little book, and made such a fuss, that the attention of the real doctors of this country was turned to his cures; then, with that cold-headed judgment that characterizes the real doctor, they placed Woodbridge in a hospital with plenty of patients to cure. Woodbridge was to take a certain number, and the other doctors were to take a certain number. Now, Dr. Woodbridge went to work with vigor, but his medicine lost its real efficiency, or he lost his skill; at any rate, something went wrong, I don't know what, and he didn't cure a single one that anybody has any knowledge of; the sad truth also came out that he lost a larger per cent. of his patients than those old rusty book-makers. Was Woodbridge in earnest? Evidently he was, just as I really believe many of our cure-all doctors are today. But what is the trouble? Interest says to the manufacturer of special medicines, if this will cure typhoid, pneumonia, tuberculosis, etc., I'd give a gold mine for it. So the manufacturer gets certain medicines that seem to have certain therapeutic effects, and combines them in a certain way, by a special method that no one else knows or is able to do; then this maker of specifics, who is often a doctor that has gone astray, sends samples, literature, and testimonials to every doctor whose name he can find; many of these doctors have just started out, and they have a case of severe coryza, congestion, asthma, or most anything that disturbs the lungs, and they diagnose it as penumonia; then hastily give this specific and are elated over the patient becoming well by the next evening. Another doctor has been in the harness for twenty years, is giving a certain typhoid cure, and he happens to have two or three mild cases in succession; therefore, when the patients recover, he fully thinks that he has cured typhoid. Then there is still another class—a larger class than many of us believe—who claim that they can cure everything simply to give them prestige, so that they may make all the money they can—Interest (regard to private property) against Authority.

Mt. Juliet, Tenn.

RATIONAL THERAPEUTICS

By A. T. Cuzner, M.D.

Physically, man is influenced for good or evil by his environment. He is provided by nature with resistant power against evil influences. It is only by an acceptance of these principles that correct therapeutics can be obtained. Half truths are first cousins to error. These reflections were the result of observations in the practice of medicine for over fifty years.

Take the germ theory as held at the present time as an illustration of the above thought. Dominated by the idea that a germ of some kind is the cause of each particular disease, a constant and persistent effort to discover and isolate each supposed microbe, obtain its life history, and find means to destroy or neutralize its disease producing power, and then restore to the victim of its invasion health and immunity.

Accompanying this conception is the Serum Idea, which may be briefly stated as follows:

That in the serum of the blood of both man and the animal a germicidal power resides which may be intensified by certain proceedures.

This is the province of the serum idea as connected with bacteriology and which has made such great advances during the past decade. The province of bacteriology and the serum idea are but portions of the domain of therapeutics. It is the idea of the writer that bacteriology has been made to assume a position of undue importance in the domain of therapeutics. Hence this paper.

Our conception of the role the germ plays in disease is that similar to that played by the turkey buzzard, of which there is much controversy going on in Florida today. This controversy is due to the prevalence of hog cholera, which many claim is largely disseminated by this unclean bird.

The role of the buzzard is that of a scavenger.

Likewise is that of the bed-bug and the bacilli.

The late Dr. Austin Flint, as reported by Dr. H. B. Weaver, remarked on one occasion:

"You take away the lives of the bacilli, when you take away the means by which they live."

This statement in respect to the bacilli applies likewise to the bed-bug and to the buzzard.

Since Surgeon General Gorgas cleaned up the Panama district, the buzzard has been conspicuous by his absence. In our district, on the St. John's River, Florida, the buzzards which used to congregate on the river bank and fly in circles in the air above, are also rare birds at the present time.

Fish are not as plentiful in the St. John's River as in the past, hence the lack of food supply has caused this bird's departure.

Where proper cleanliness is observed as to bedding and bed furniture the bug is not found in abundance. During the epidemic of yellow fever in Jacksonville, Florida, in 1888, we were first employed as a sanitarian by the county Board of Health. In the performance of our duty we cleaned up two of Jacksonville's slums, and at the close of the epidemic these two places had a smaller proportionate death rate than the rest of the city. This was partially due to the fact that the inhabitants were largely of the negro race, they being slightly immune to this disease. Another illustration:

During the Spanish American War there were located two training camps in Jacksonville, Florida. One was situated on low ground that had to be drained. There was no sewerage system in the camp on the north of the city limits, but large tubs were provided for the excretions of the soldiers. These tubs were emptied each day. The other camp was located in an eastern suburb on a bluff on the bank of the river. As a provision for the excrement in this camp, long, zinc-lined troughs on incline were provided. These discharged into the river and were flushed by a constant flow of water.

In the first-mentioned camp typhoid prevailed with many deaths. On a personal visit to this camp we were invited to partake of some doughnuts that were being cooked by the soldier boys, but as we perceived the flies having just finished a meal from the excrement tubs, fifteen feet distant, were arriving in great numbers to partake of a dessert from the doughnuts, we respectfully declined.

In the second-mentioned camp, with the zinc-lined troughs, there were not many cases of typhoid and very few deaths.

An episode in our own personal experience will not be amiss: We were attending a family, several members of which suffered from typhoid fever. The last member attacked succumbed to the disease. She was about to be married, and in the forenoon of the day she was to be married she remarked to her mother: "Mother, I hope I shall be able to go through with the ceremony, but I feel so very bad."

This family were in good circumstances, and their location on the river bank was a healthy one. Their sanitary arrangements inside the house were good; however, they did not screen. The wash water of the typhoid clothes was thrown on the ground not far from the house. This we did not perceive at the beginning of our attendance.

Another feature: We noticed that the stables were not far from the house, say about 70 feet. The toilet was some distance off, but chickens had access to the alvine excretions of the family, and the eggs of the fowl fed to the patients.

When Surgeon General Gorgas sought to eliminate yellow fever from Havana, New Orleans, and Vera Cruz, he did not go about with microscope seeking a scrap with the microbes; he did what England is seeking to do with its enemies, the Germans, starve them out. More people die from disease as a consequence of war, than from casualties of battle.

DRUG THERAPEUTICS

From time immemorial it has been recognized that drugs, both mineral and organic had a power over the body both in disease and health. The ancients required that persons afflicted with any form of disease should exhibit themselves in the public squares and state what substance and treatment resulted in a benefit to them. This was the beginning of empiricism in medical practice.

Empiricism exists today and is voiced in the columns of our medical press in the shape of favorite prescriptions. This form of therapeutic treatment is what has brought drug medication into disrepute and opened up the way for the advent of many "isms" and quackery.

Looking over an old work—a standard at the time we graduated in 1864—we found a list of one hundred remedies for rheumatism. Now, are there one hundred phases exhibited of this disease requiring this number of remedies? Since alkaloidal medication has come into more general use, drug treatment has begun again to receive a proper recognition and the drugs in use have diminished in number, and each drug's action is better understood.

The pharmacist does not approve of the physician administering his own medicines. He prefers the physician to write elaborate prescriptions to be changed at every fresh visit. The pharmacists are doing their best to have a law passed compelling the physician to quit dispensing his own medicines and take to writing prescriptions only. A doctor from the North is visiting Florida on account of the lack of health of his mother. On a visit to me he stated that he employed a physician in the city, highly recommended, who at every visit changed his costly prescription to another equally expensive. The thoughtful, skilful physician knows that drug medication is not the only weapon he has with which to combat disease. He realizes, and is ready to avail himself of the aid of hydrotherapeutics, electrical, mechanical, thermo and suggestive. The enemies of man, in respect to health, are from two sources: From the outside, and those elaborated within own bodies during our life processes.

CELL PATHOLOGY

The cell is the morphological unit of the body. Every physical process and every mental effort result in the destruction of cells, to be replaced by normal cells. Now, a dead cell is as much an enemy to the body as a living propagating microbe, and serves as food to such. Nature has provided various channels through which this debris of dead material may be eliminated.

The Divine man hath said: "There is nothing from without that, entering into him, can defile him; but the things which come out of him, those are they that defile the man." When questioned in respect to this dogmatic statement he replied, "Whatsoever entereth in at the mouth goeth into the belly, and is cast out into the draught." To elaborate this statement from a pathologist's standpoint of view we would say: The cell is more or less affected by its environment, and circumstances and conditions over which it has no control. It has in its own vitality a resistant power against invasion of morbid entities and material. However, there are times and conditions of weakness that permits invasion from within or without. Sometimes live cells take on an excessive growth and reproduction. These cells have such a low order of vitality that they easily die and disintegrate. During their life history they have the power of infecting other healthy cells.

Of the origin of cancer cells very little at present is known; but there are several supposed causes leading up to their outbreak as a disease:

Excessive meat diet is one of these; vegetarians are rarely subject to the disease; in the serum of mammals is located a resistant power to the invasion of morbid material. This power can be measured and likewise increased. The serum treatment of disease is founded on this principle of immunity.

The United States Army officials by sanitary measures and the use of a typhoid prepared serum have banished that scourge from the army.

The blood is the living stream in which float those living cells, both white and red; above a certain temperature destruction of living tissues takes place; below certain temperature destruction of tissue cease; heat is an excitant, while cold is a depressant.

These resources and others not mentioned above enabled the thoughtful, well-trained physician to adapt his remedies to morbid conditions.

In conclusion: If our physicians were not so much obsessed by microbian philosophy, and serum pathology, and would pay more attention to the various conditions preceding the inroads of morbid processes, better results, looking to the banishment of disease might be obtained.

Gilmore, Florida.

Peritonitis: Opium masks symptoms? Diagnosis made, what good are symptoms after they have given the alarm and signaled where the fire is located?—*C. N. Cowden, Southern Pract.*

EFFICIENT RHEUMATISM REMEDIES

By Wm. M. Gregory, M.D.

The one quality which men of our profession need above all others is efficiency. And this is especially true in the treatment of chronic diseases, which give the medical expert his best opportunity to show what medicine is really good for, and to show its superiority to surgery in the amount of relief it can give to suffering humanity. The medical expert of the highest class must not have his mind prejudiced, his mental viewpoint narrowed, and his choice of weapons limited, by any foolish obsolete ideas about schools, or sects, or systems of practice. The expert internist *must* have command of *all* the resources of modern ethical medicine, and in order to do this he must not confine himself to any one system of practice.

The regular or allopathic physician should remember that most of the most thoroughly efficient remedies for diseases like rheumatism and diseases of the stomach and liver, are contained in the eclectic materia medica, and that the most efficient children's remedies in the world are contained in the homeopathic materia medica.

The specific and normal vegetable eclectic remedies are the best and safest medicines there are in the world, and are instruments of precision, being made from freshly gathered plants, and being always of the same definite strength.

In most of the leading regular or allopathic colleges the various salicylates are considered to be about the only rheumatism remedies worth using. I have made the treatment of rheumatism a specialty for several years with great success, and I find by counting up that I use or have used 42 different remedies for that disease; some of them in almost every case, and others only for very rare and exceptional cases. *True*, sodium salicylate made from natural oil of wintergreen is a good medicine, but it is more of an adjuvant than a leading remedy. We must always remember that salicylate will do no good at all in two classes of patients. On one class they always act as a heart depressant poison, owing to some personal idiosyncrasy. On the other they do not act at all in any dose within the limit of safety. The leading remedies which I find it necessary to use in almost every case of acute rheumatism (rheumatic fever) or acute sciatica, are specific gelsemium, bryonia, veratrum viride, iris versicolor, and rhus toxicodendron. In women it is often very practical to add specific pulsatilla and cimicifuga. Just let me briefly report a case: Four days ago a German farm laborer was brought to me by his employer, suffering intensely with acute rheumatism. I had to examine him in the buggy as he could not walk into the office. I prescribed specific bryonia gelsemium, iris, veratrum and rhus, every two hours, to be alternated with 5 grain powders of true sodium salicylate given in hot water. This employer reports him today as very much better, free from pain and swelling and walking about outdoors; also that his kidneys are throwing off great quantities of uric acid and urea.

Rheumatism in whatever form is strictly a toxemia and uric acid is the leader and captain of the band of pirates, although he has several able and dangerous assistants. In treating every case of rheumatism there are two positive indications. Give the indicated remedies to relieve the pain and give the proper remedies to relieve the toxemia and remove the morbid matters from the system. The use of iris versicolor will be understood when it is remembered that *green plant* specific iris has a powerful action on the liver, is a great glandular stimulant, and has often been called the *vegetable calomel.* Don't try, however, to get good results from iris made from the *dried* root. Where the case seems stubborn and you are not getting the elimination of urinary solids which you must have to make a good quick cure, a really well made tincture of guaiacum will often let loose the uric acid, and urea very successfully. Remember that every condition of toxemia will have a quick irritable pulse, and you must modify this excited heart action by small doses of heart sedatives like specific gelsemium and veratrum before your anti-rheumatic and eliminative remedies will act. A thorough and sufficient stimulation of the action of the liver must be done before you can ever get your patient unloaded of the poisons that have been causing his trouble.

I shall never forget a patient I was called to treat in Cleveland some years ago. He had been sick with acute rheumatism from the week before Christmas till the first week in April, had had two relapses, had been dosed right through with salicylates, and looked about as yellow as a pumpkin and as gaunt and cadaverous as a patient far advanced in tuberculosis. I at once gave him the remedies I have mentioned, and also apocynum canabinnum to increase the action of the kidneys and chionanthus and chelidonium to get his liver into action. He improved astonishingly fast, his elimination became normal, his skin cleared up and he was able to go out on his route as a traveling man the first week in May.

Berea, Ohio.

THE FREQUENCY OF REACTION OF URINE IN THREE HUNDRED AND SEVEN EXAMINATIONS

By John C. Warbrick, M.D.

The reaction of the urine as a basic point is normally always acid, with possibly no exceptions in any case, unless in some peculiar race or individual. This reaction, it would seem, is due to an acid, sodium phosphate (NaH_2PO_4), which is derived from the basic sodium phosphate of the blood—always a constituent of it.

The degree of acidity of the urine, of course, varies at different times of the day, and is governed by the intake of both liquid and solid food. The acid tide of the urine occurs during the night and before meals, when it may be said there is little or no food in the stomach; while the alkaline tide occurs after meals and during the day, when of course there is a mixture of food in the organ. The urine may be alkaline, for a time, due to a fine alkali, such as potassium or sodium; or from a volatile alkali, such as ammonia, indicating some blood condition, or a chronic inflammatory state of the lower urinary tract. The urine in a good many cases may be neither acid nor alkaline, but neutral; however, this does not occur as often as one might think, and the tendency is, judging from experience, to find it either acid or alkaline in most instances.

When the urine is acid it can be made alkaline, in most cases, if necessary, by taking alkalies or their preparations such as alkaline carbonates, or salts of vegetable acids. The urine can, of course, be made acid again, its normal reaction, by stopping the use of alkalies. The acidity of the urine may be increased a great deal by taking acids. It is stated that a meal of meat will increase the urinary acidity, as well as mineral and vegetable acids.

In order to find out just what reaction of the urine occurred most frequently, a list of three hundred and seven specimens of urine were taken into consideration and the reaction in each instance noted. In most cases, it was only to be expected that the reaction would be acid, and this was found to be correct, for by a large majority it exceeded the figures of the other two reactions—out of the three hundred and seven examinations of the urine that were made, the re-action was found to be acid in about two hundred and fifty-six cases; in forty-nine instances, it was found to be alkaline. Neutral only twice. Therefore, it is reasonable to conclude that the tendency of the urine is to be acid, as a rule.

306 E. 43d Street, Chicago, Ill.

A DIPHTHERIA CARRIER

In the monthly *Bulletin* of the New York Department of Health, for April, Dr. B. R. Wakeman, a Sanitary Supervisor, reports the following:

During the latter part of November, 1914, a small epidemic of diphtheria broke out in Gouverneur. The health officer, Dr. Sayer, deemed it wise to take cultures from the throat of school children of the grade exposed. The culture from a boy, aged 14, was positive, although he showed no symptoms of diphtheria, This boy was isolated for four weeks and was then allowed to associate with other children in his family, none of whom at any time showed any symptoms of the disease. Repeated cultures taken and examined at the State Laboratory showed that a virulent strain of the diphtheria bacillus was present. Guinea pigs were inoculated with these cultures and promptly died with characteristic symptoms.

NOTE

Those of our readers having trouble with their earache cases should look up the article by Dr. Hammond, in the May *Summary*. As the doctor speaks with so much confidence about the effectiveness of the treatment which he has outlined, it induces us to call special attention to the matter.

THE THYROID GLAND IN THE ETIOLOGY, PROPHYLAXIS AND TREATMENT OF CANCER

H. H. REDFIELD, B.S., A.B., M.D.

(*Continued from page 154, July issue.*)

TREATMENT

While surgical measures are in nearly all cases the treatment of choice and while the prompt excision of the tumor, contaminated glandular structure, or any growths of a metastatic nature is generally followed by a prompt recovery, yet there are certain very potent reasons which strongly bespeak the need of a reliable and applicable non-surgical treatment. Especially is this true of those cases classed as inoperable. But more especially is this true of those cases in which an early diagnosis had been made, or where no marked malignancy has as yet been established or in cases where the anamnesis showed a clearly marked tendency to cancer.

Harking back there to the immunizing functions of the adrenal system, we have at our command by the creation or maintenance of a normal function in this apparatus a therapeutic system, that opens up a wide field in the prophylaxis of cancer and offers a vastly more encouraging line of treatment. Proceeding then on the hypothesis that the adrenal system, when performing its normal function, gives to the organism an immunizing power for the destruction of those worn-out cellular elements which could otherwise eventuate in malignancy, our aim should be to increase this defensive property by the exhibition of such therapeutic agents as would increase the functional activity of the adrenal system.

Among such agents at our command, thyroid extract stands pre-eminent and from its exhibition in such cases are the best results to be attained.

The application of thyroid to the treatment of cancer is no new departure, for several years ago such observees as Beatson (16), Stanley Boyd (17), Dorland (18), and many others noted the beneficial action following the exhibition of thyroid as an adjunct in cancer following oöphorectomy, and while these reports are of great value as fixing the role of thyroid in the treatment of such cases, yet the fact that extirpation of the ovaries might offer a solution for the agreeable effect noted, casts an element of doubt into the situation, to the extent that too much stress cannot be laid on these cases.

We have in the literature on the subject of cancer, reports of well authenticated cases in which the element of doubt, which clouds the work of Beatson, Stanley, Boyd, and Dorland is eliminated by reason of the fact that in these cases thyroid was the only agent exhibited, and therefore any beneficial results noted are directly attributable to the action of this agent, and no coincident agencies can be advanced to offset the claims of thyroid efficacy in the cases recorded.

The first use of thyroid alone in cancer is recorded by Robert Bell (19) with greatly encouraging results. In a more recent report by the same investigator (20) he states that several of the cases treated by him with no other agent than thyroid showed recoveries of over nine years duration, the cases treated including such forms as mammary and uterine cancer.

Page and Bishop (21) report that in mammary cancer the use of thyroid alone was sufficient to cause the entire disappearance of the growth. In this case they began the treatment by giving a daily dose of 3 grains (0.2 gm) and increasing the dosage until the patient was taking 15 grains a day (1 gm). They stated in connection with this case, that at the time of reporting, two years thereafter the patient was in perfect health and no trace of the cancerous growth could be found.

Dennis (22) also reports that in his hands thyroid gave better results in the treatment of cancer than any other agent. While in a very severe case of cancer—the diagnosis and prognosis being confirmed by Sir Francis Laking—in which the termination was fast approaching and the pain and suffering were intense, H. A. Beaver (23) obtained results bordering on the supernatural. He states: "Convalescence began immediately, so that by the end of January—thyroid extract, 5 grains (0.33 gm) quickly increased to 20 grains (1.33 gm) daily, having been begun at the end of November—the patient was up and free from pain." In the following October—nearly a year afterward—she "was quite well and was following an active life."

Writing anent the therapy of cancer, A. R. Robinson (24) says: "I have tried experimentally during the past twenty five years many drugs and many gland extracts, including all the vaunted agents and many others less famed, from mixed toxins to the last recommended gland extract, and with the exception of thyroid extract, and possibly arsenic, I have never seen any definite benefit from their use."

DOSAGE

The early use of thyroid, not only in cancer cases but in the treatment of the conditions in which this agent was indicated, while being productive of sufficient merit to proclaim it as constituting a valuable addition to the therapy of these cases, was, however, fraught with such undesirable effects as to cause many clinicians to shun it—a condition due to two factors: First—too large dosage, and, second, unreliability as regarded physiological action of the then prevailing preparations.

The first of the above-mentioned factors may be ascribed to the fact that the early prescribers of thyroid, being devotees of the enormous doses of the galenicals, used the same line of reasoning in their exhibition of thyroid, with results that were in many instances very close to disastrous to their patients. However, as the sum of our knowledge of active principles increased clinicians came to recognize that in the application of the thyroid in medicine, the smallest dose that would produce the physiological effect, was the most effective, until now instead of the 15 grains daily of Page and Bishop, or the daily dose of 20 grains reported by H. A. Beaver, we find internists prescribing a daily dose of 3 grains to 6 grains, with beneficial and not untoward results.

Buford (32) starts with one-half to 3 grains of the desiccated thyroid every twelve hours, and gradually increases the dose as tolerance is obtained, while Stern (37), Percy (38), Middleton (39), Leopold-Levi (40)., Firth (41), Dupuy (42), Valmorin (43), Variot (44), Minoret (45), Siegmund (46) and many other observers, all are ardent advocates of the minimum dose. While there is no doubt that the untoward effects noted by the pioneer clinicians was to a large extent due to the excessive doses employed, yet the second factor, i.e., the unreliability of the preparation was the greatest contributing element and the early reports were replete with observations regarding the discrepancies in physiological action displayed between samples of thyroid purchased from the same sources at different periods of time, not only upon exhibition in different patients, but also in the same patient and it was not until Dr. Reid Hunt of the Hygienic Laboratory attempted to fix a standard for the use of thyroid in medicine that the cause of this variation was uncovered.

The experimental work along this line was delegated to Atherton Seidell (47) working in the Hygienic Laboratory in Washington and Frederic Fenger in the Biological Laboratories of Armour & Company at Chicago. These gentlemen were supplied with material from identical lots, and the results attained by them were not communicated until the entire series of experiments were concluded, when it was found that the results attained—using the Hunter method of iodine determination—showed variation of less than 0.02 per cent., with the exception of the first eight samples. That the average iodine content for June and November were about three times that for the month of May and December, a summary of their work being as follows:

"It has been shown that a very marked seasonal variation exists in the percentage of iodine present in the healthy normal sized thyroid glands of the sheep, beef and hog. There is in general about three times as much iodine present in the glands in the months between June and November as in the months between December and May.

"A seasonal variation in the size of the fresh glands was observed in the case of the sheep and beef, but not with the hog. The glands were found to be larger during the months in which the lower iodine content was observed.

"The independent iodine determinations made upon this series of samples furnish gratifying evidence of the reliability of the Hunter method.

"The maintenance of a standard of 0.2 per cent. iodine in desiccated thyroid prepared for use in medicine will require the use of glands other than those of the sheep and, in addition, the mixing of the product obtained at the high and low seasons of the year."

As a result of this work by Seidell and Fenger, the necessity of standardization of thyroid to the 0.2 per cent. iodine content suggested by the Council of Pharmacy became apparent and Messrs. Armour & Company taking the initiative, proceeded to standardize their product to that iodine per cent., a point strikingly brought out by Buford when he says, "I have used the Armour preparation for no other reason than that it is the pure desiccated gland and is standardized by a reliable chemist, Mr. Fenger."

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SENNA

This is one of the best of the simple laxatives, although it has the disadvantage of producing griping if administered in large doses. Large doses will aggravate hemorrhoidal conditions in men. In women it may stimulate the menstrual function or impart a laxative quality to the milk of nursing mothers. The dose of the fluid extract is one dram. The confection contains of senna, 10 parts; coriander, 6; cassia, 16; tamarind, 10; prune, 7; fig. 12; sugar, 50, water, 60. The dose is from one to three drams, and is sold under various names, such as "Tropical Fruit Laxatives." Infusion of senna compound, also known as "Black Draught," has of senna, 6 parts; manna, 12; magnesium sulphate, 12; fennel, 2; water, 100. Dose, one to three ounces. The compound glycyrrhiza powder contains senna, 18 parts; glycyrrhiza, 16; fennel, 8; washed sulphur, 8; sugar, 50. Dose, a teaspoonful.

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

TREATMENT OF PEPTIC ULCER

Editor Medical Summary:

1. Avoid corsets, skirt bands, pressure of all kinds and hindering occupation.
2. Absolute rest in bed and constant cold compress.
3. Absolute rest for 14 days.
4. Boaz nutrient enema for considerable time.

℞	Milk, 98 degrees	½ pint
	Yolk of eggs	2
	White flour	1 tablespoonful
	Red wine	1 tablespoonful
	Table salt	a pinch

5. Give plenty of water after first week. Also the following:

℞	Bismuth subnitrate	ʒ iij
	Ac. carbolic	gtt. xv
	Paregoric	℥ ss
	Aqua ad	℥ iv

6. Diet, liquid. And the very best liquid diet is that made in the mouth from normal articles of food. The psychic effect upon digestion is thus brought into full play as well as the chemical and physiological. Thorough and absolute mastication is the sole requisite But they must be insisted upon strenuously. Throw out all that cannot be reduced to liquid. Begin with small amount and increase from day to day, being governed by common sense and the ability of the stomach to accept. Barring known contra-indications to certain articles of food, the best criterion is the patient's desire for food.

W. B. Eicher, M.D.

Peoria, Ill.

OBSTETRICAL POINTS

Editor Medical Summary:

In this article, points known to many will be given, points not so generally known, points known only to a limited number and possibly something almost unknown, will be mentioned. Many of us find out facts in the domain of medicine and surgery that are original with us. Cases are met with, in which progress stops, notwithstanding, regular and forceful efforts.

In some of the obstetrical cases, we find the chin of the fœtus is too far advanced, and the head is lodged against the pubic arch, but if we make firm pressure with the ends of the fingers above the arch, upon the head, crowding it down, and holding it there until the next pain, it will finally slip under the arch.

Occasionally we may have a case in which the head has entered the pelvis, made the quarter turn, presenting the occiput, yet pain after pain does not expel it, for after every effort it recedes; in such cases, I cover my hand with a thin cloth, pass it up under the patient, palm up, then flex the fingers sharply at middle joints, press the ends forcibly against the patient, just below coccyx and below the chin of the fœtus which is easily felt and held, and when the next pain comes, I follow up with ends of fingers, with pressure; then when the pain or effort is over, I hold the chin, press the head up in the pubic arch and prevent recession; usually the next pain delivers the head, but if it does not, I press back all the soft parts that have been forced out, and with thumb and forefinger of other hand pressed against and between the rami and grasp the occiput below the bulge, and with the help of the mother, and using my hands the same as the blades of a forceps, the head is lifted into the world. This is strenuous work. Did I ever do any harm? Never, that the mother, child, any woman present, or myself ever knew. Just here another point presents itself; I attended a case where the shoulder of a large, square-shouldered boy caught the perineum and tore a notch therein, which proved a danger, but originated the thought in my mind as to the means of preventing a repetition in any other case. Thereafter, when a possibility of such an accident presented itself, I passed my hand under the head of the child, so that it rested on the upper part of the palm and wrist, passed my forefinger within the perineum and placed the tip on the point of the shoulder, thus making an inclined plane down which the perineum slipped and on over the shoulder with never a notch.

I always gave chloroform to every case of prolonged and severe suffering, where I was able. I began with it one-half or one minute before the pain, and stopped it when the pain began to subside; one of the women present was the administrator; it seldom produced unconsciousness, only just as the head was passing. I began the use of chloroform about 47 years ago, so "the twilight sleep" is not new to us old fellows. Doctors who do not use chloroform to mitigate suffering do not do their duty to their patients in confinement; I never had the least anxiety, and then the poor women feel so grateful.

I applied the forceps once in an average of eight cases, and frequently where I knew that they would get along and told them so, but that I would save them an hour or more of suffering. I applied the forceps during full consciousness, and preceded the pain with chloroform, as before stated. I never lacerated the perineum with the forceps, because I always took them off and gave my attention to the passing of the head. I never had a case of puerperal fever in all my cases (nearly 900); at the first appearance of odor or tympanites, I washed out the uterus with carbolic acid water, and repeated as needed. Never lost but one case, and she died of pneumonia.

G. A. HARMAN, M.D.
Lancaster, Ohio.

All bacteria are capable of inducing fever and this is a most constant accompaniment of infection.—*Vaughn.*

SOLANUM—INTERESTED

Editor Medical Summary:

I was much interested in your request in the June *Summary* for reports on the use of Solanum Carolinense—horse nettle or bull nettle, as it is variously known—and though personally I cannot claim experience, my father, the late Dr. W. H. Burgess, used a formula containing solanum, skullcap, sanguinaria, and vegetable cell salts for epilepsy in all its forms. He also used the solanum in seven other combinations with pleasing results, and after years of experimenting, declared that the plant is a reliable alterative and glandular stimulant, having a vitalizing influence on the tissues, and favoring natural functional activity. He used the finely powdered, freshly dried root, compressed in a tablet. My father found it specially adapted to the treatment of scrofula and impoverished blood conditions generally, and he considered it almost a specific for fetid discharges of whatever nature, the odor quickly disappearing and decided improvement being noticeable very soon. He also prepared a tablet of solanum alone, which is most useful in many senile conditions. In combination with stillingia, etc., it is useful in all chronic skin affections; while with phytolacca and the double sulphide of calcium and magnesium, it has been successfully used for cancer.

He also found solanum with wild cherry, etc., a good tonic, but, by far, its most effective work was in syphilis. My father first learned of this use through an article by Dr. W. W. Pugh, in the "*Alkaloidal Clinic,*" and after originating the double sulphide of calcium and magnesium, he combined the two—three parts solanum to one part of double sulphide, in a tablet, which has been widely used in many parts of the world.

I assure you that we shall watch with interest for reports on this plant.

MARY L. KING, M.D.
East Chattanooga, Tenn.

[Dr. Mary L. King is the daughter of the late Dr. W. H. Burgess, founder of the New Field Laboratory, and the author of the New Field series of books.—Ed.]

Of all hemorrhages, those from the upper part of the intestines are the most difficult of diagnosis as to cause.

COCAINE IN STOMACH TROUBLES—OTHER NOTES

Editor Medical Summary:

It is a surprising fact that the use of cocaine in various ailments of the alimentary tract is almost nil, but nevertheless this is the truth; outside of its use as a local anesthetic for pain, it is seldom thought of as a potent and important therapeutic agent. We can easily account for this, on the basis, that in its depressing effect on the heart, it often produces very grave and serious results, and this one thing alone is the principle that has limited its use along these lines. Another reason for its limited use, is the utter ignorance of its effects when it is not given subcutaneously, under which condition it rarely causes any of the after sequelæ occurring when used hypodermically.

We must confess that we were radically prejudiced against its use ourselves until a colleague called our attention to its value in stomach troubles, citing his own experience with it. Later we read Dr. Porter's article in the *New York Medical Journal* in which he gave a number of cases from his long years of practice, and the brilliant results he had derived from his extensive experience, without any untoward symptoms whatever. After reading his very practical statements, and recalling our brother practitioner's suggestion, we began to use it with gratifying results—in no instance did we get any of the heart depressing effects. At first we were a little afraid of undesirable effects, but our confidence has grown with our experience in its use, and we have laid aside all our feelings of fear.

We will cite one or two cases from our own experience with the use of cocaine: Mr. J. W., aged about 55, was troubled with indigestion and considerable gas in the stomach; very nervous, at times so much so, that he could not work, would have to sit down; had a history of chronic dyspepsia. Two grain capsules of cocaine were given after meals; for the nervous condition he was given the following:

℞	Sp. tinct. ignatia	3.00
	Sp. tinct. nucis vom	2.00
	Sp. tinct. cinchona	5.00
	Sp. tinct. macrotys	4.00
	Syrup simplex, Aqua	āā q.s. 120.00

Shake well. Sig.—One teaspoonful before meals and at bedtime.

This relieved the ailment and he improved. One striking thing about the giving of cocaine in this way, it does not cause the cocaine habit; at least that is the opinion of Dr. Porter and others who have used it along these indications. The dose is from one to two grains three times a day.

In the very annoying cases of eneuresis or bed-wetting, we find an effective combination that is as good, or even better than anything else we know of, after long study of these bug-bears is the following:

℞	Sp. thuja (Lloyd's)	11.00
	Sp. rhus aromatica	11.00
	Syrup	q.s. 120.00

M. Sig.—Shake well. One teaspoonful four or five times a day.

Any adhesions of the foreskin, or extra long foreskin in boys must be attended to, and corrected.

There has been a great hullabaloo about twilight sleep in parturition of women by some "smarty" women who smattered things all up, and thought what a wonderful thing that the German "smart-Aleck" doctors should know more than the average American general practitioner, when the truth of the matter is, and was, that the American doctors have been using the H. M. C. (Abbott) for the last eight or ten years, in the most successful manner in those very cases, without taking them to any hospital, either. Oh, no, the average American doctor is not so much behind his German colleague, if you "size him up." It seemed big to those magazine writers because they were unaware of the fact that hundreds of ordinary doctors in the United States were using something just as good, if not better. But then some people think that because a thing is made in Germany, or is German, it is better than anything else, no matter if the other is really superior. We have arrived at the stage where we will get along without a lot of German stuff, because we will make a superior article for our own use—we won't depend on Germany now, since she has proven herself unworthy of her position among the civilized nations of the world. Great Britain and France will also cut out a lot of the things they used to buy from Germany.

S. D. Sauer, M.D.

Seneca, S. Dakota

WHOOPING-COUGH

Editor Medical Summary:

Whooping-cough is caused by a germ which country practitioners cannot readily identify. The disease has an incubative period of several weeks apparently; depending sometimes on the rapidity with which multiplication of the exciting cause can take place in the circulation.

Where bacilli are constantly dying and being reproduced, necrosis will lay the foundation for liquid or dilute gangrene in the blood. Gases formed by putrefactive changes will form combinations with elements in the blood cells and lead to rapid accumulation of waste products. Elimination by the lungs and kidneys, and by diaphoresis, catharsis, and emesis cannot deal with the situation because of subtler combinations with the blood cells. Actual hemorrhage from any of the secreting mucous surfaces means elimination in earnest.

Whooping-cough toxin does not exert a pronounced effect on the tissues of the body outside the sphere of its influence; which is mainly where the pneumogastric nerve is distributed. This long cranial nerve anastomoses with the sympathetic system, so that practically the contents of the trunk of the body are directly affected. Bodromal symptoms such as malaise, nausea and influenza give warning of the end of the incubative period.

A storm in the respiratory center is now due, and a cloudburst of erratic and virulent impulses break into the territory of which the larynx is the focus. These impulses spread into contiguous territory in every direction and determine the character of the individual case.

Spasm of the larynx is accompanied with a tight nerve grip on the muscles of the affected area; circulation cannot proceed. The patient becomes cyanosed and relief may be obtained by cough and nosebleed.

Say there should be three quarts of blood in the child's body and hemorrhage was to extract half a pint from the circulation. That would amount to mechanical relief and be real antiphlogistic treatment. Our medical ancestors who witnessed the benefit obtained by the removal of pressure on the respiratory center, by germ and toxin laden blood may have jumped to the wrong conclusion. To this day the tendency to jump long distances in medicine is very pronounced.

Fresh supplies of newly formed blood are needed to carry on the vital functions. General anemia calls for activity on the part of the blood-forming organs. At this point it ought to be possible to turn the tide by transfusion of blood from a healthy patient. Only adult blood would be available. There is some doubt in the average mind as to what the scientific red lights think would be the result of transfusing half a pint of blood. So much rich, red blood from an adult might lead to precocious wisdom teeth, gray hairs, or even give rise to the use of a catheter to antagonize prostatic enlargement.

Quinine, the best of the antiperiodics is not equal to a combat with this Goliath of infantile diseases. South American drugs are often remarkably efficient, but they have the conservative slowness of action peculiar to the human unit; whereas progressiveness is the need of the emergency. At times the medical mind would almost go the limit and advocate the use of Theodore Roosevelt in the same capacity as the horse for the production of diphtheria antitoxin. A merciful citizen should be merciful to his ex-presidents.

Amyl nitrite is one of the reliable antispasmodics. Its vapor reaches the blood by inhalation and is credited with effecting prompt and wholesale vasomotor dilatation. The respiratory muscles and their congeners in the larynx and pharynx and, to a greater or less extent all over the body, hold the blood in statu quo. Subsidence of the spasm may not release all the blood from the air passages. Failure to get relief from intense congestion often leads to the development of actual pneumonitis, laryngitis or pharyngitis. Gastric complications are exceedingly common. Reversed peristalsis occurs in the alimentary tract which can lead to excessive vomiting, gastric bleeding and a variety of symptoms peculiar to the abdomen.

Adrenalin chloride has earned a reputation in some spasmodic respiratory affections. It can be carried to the lungs in the moisture supplied by an atomizer, and its effect is to persuade or compel much blood to evacuate the respiratory mucous surfaces.

Common sense treatment aims to include in a prescription a general tonic and some reliable antispasmodic. The conclusions set down in this communication *ex post facto* are declared from an examination of a prescription written for an eight-year old boy who showed all the typical symptoms of whooping-cough in an aggravated form.

Antispasmodics are supposed to be ingested into the stomach; and from that convenient carry-all absorbed into the blood stream. New effects on the structure and function of the respiratory center are evidenced by an improvement in the general condition of the patient.

℞ Amyli nitris........................♏iij
Fld. ex. euphobia pilulifera,
Fld. ex. grindelia robusta..........āā ʒij
Coca strych. iron and quinine.........℥j
Syrup chocolate.............q.s. āā ℥iij

M. Sig.—ʒj every two hours.

JAMES E. FREE, M.D.
Plevna, Montana.

ADDING TO THE HIGH COST OF MEDICINE

Editor Medical Summary:

I wish most fervently that a number of our progressive and ingenious doctors would tell us how to raise hydrastis canadensis successfully. The more we need the remedy, and the more uses we find for it, the higher the price seems to go. The time and study and money devoted to the raising of ginseng would do us much more permanent good if devoted to the cultivation of hydrastis. Calendula is another very necessary medicine whose price has gone up a kiting since the beginning of the European war. As it is the common or garden marigold and about as easily raised as cabbage, there is no reason why we cannot produce it in any quantity necessary. We have been depending on Germany almost entirely for calendula flowers on account of her unlimited supply of cheap labor. Let it be remembered for all time, by everybody in the medical profession, that the following prescription will cure more cases of leucorrhea or any non-specific inflammatory or catarrhal condition of the uterus, cervix or vagina, than all other remedies put together. It is equal parts of non-alcoholic extract of hydrastis, non-alcoholic extract of calendula and glycerin. It can be used on lambs wool tampons as a local application to the cervix, or in the proportion of a tablespoonful to a pint of hot water, used as a medicated douche.

At the present time a six-ounce prescription of the above is quite an expensive affair, and I sometimes modify it in this way: Use six ounces of glycerin, two ounces of non-alcoholic calendula and one ounce of boric acid. This makes a calendulated boro-glyceride, which is very healing and almost as successful as the trinity mentioned above.

Remember, however, that if you prescribe a bottle of this good douche medicine to an intelligent patient who understands how to use it, that she will not be at all likely to have to come back to you again for *that* trouble, and charge accordingly.

WM. M. GREGORY, M.D.
Berea, Ohio.

SPONDYLOTHERAPY AN IMPORTANT FACTOR IN THE PHYSICIANS' ARMAMENTARIUM.

Editor Medical Summary:

Dr. Abrams' claims for this new departure in the field of therapeutics are far from being extravagant. It was never his purpose to establish a cult, but his arduous investigations have certainly been a boon to many a so-called incurable case. He never once claimed or intended to do away with the use of medicine or necessary surgery. But after years of studious investigation he discovered that many diseases were not cured by medicinal or surgical procedures and so he set to work to study spinal reflexes and has evolved a system of treatment that reaches cases wherein old-time methods had ignominiously failed. The writer was one of the first physicians in the East to adopt Abrams' methods, and some of the results obtained are little short of marvelous. It was my privilege about a year ago to deliver an address on this subject before a large medical gathering and some present held me up to ridicule. Since then I have received letters from some of those same doctors telling me of the wonderful results they had gotten by the use of Abrams' methods.

Let me briefly relate a few of the many cases successfully treated in my office: Mr. H., who had not walked for more than ten years, was brought to me and after less than a month's spinal treatment he was able to walk a mile with the use of a cane; Miss Y. had a large pulsating exophthalmic goiter and in three weeks by simply concussing the seventh cervical vertebra the goiter practically disappeared; Mr. N. was hurt by a heavy roller when a young man and had not been able to lace his shoe for twenty years, but after four treatments he had no further trouble. I have relieved many cases of lumbago with one treatment.

Recently a man came to me who was suffering tortures with neuritis of the right shoulder and who had been treated for weeks by some of the best physicians in our city, none of whom so much as relieved his pain; was given almost instant relief at our office by the simple method of spinal manipulation, the sinusoidal current and freezing. A more grateful patient I have never seen. There is no gainsaying the fact that spinal therapy has a large and important place in the economy of the physicians' armamentarium. I could report many other cases on reflex phases and may write more at length in a later number of *The Summary.* There is no reason why the osteopath or the chiropractor should be doing the work and getting the fees that rightly belong to the graduate in medicine.

CHARLES F. ANDERSON, A.B., M.D.
Lexington, Ky.

IDIOSYNCRASY TO ADRENALIN

Editor Medical Summary:

The patient was a man 65 years of age who was suffering from a right lobar pneumonia, his fever receding by lysis.

On the eleventh day of the disease, his temperature was 99.5 degrees Fahrenheit, his pulse 54 per minute of low tension. He was suffering considerably from a subacute dilatation of the stomach and tympanites. According to Forscheimer, adrenalin is indicated in sthenic conditions of the alimentary tract, and especially gastric dilatation. Hare recommends this drug in cases of cardiac failures and collapse. I have personally seen many cases rally after its administration, but was certainly caught by surprise to see it act as it did in this particular case. The solution used was a P. D. & Co. preparation in ampoule form which is equivalent to 5 minims of 1-1000 solution.

About a minute after injecting the drug subcutaneously, the patient became restless, dyspnoic, facies blanched, eyes fixed, and complained of a constriction sensation around the body on the level with the heart. His pulse became almost imperceptible and thready. The condition resembled an attack of angina pectoris. I immediately injected an oil solution of 3 grains of camphor which acted with remarkable readiness in combating the attack.

The recommendation of adrenalin in bronchial asthma, by Ephriam, seems quite illogical theoretically. One should, therefore, use this drug with skepticism for fear of any untoward effect.

LEWIS J. FRIEDMAN, M.D.
232 East 5th Street, New York City.

BRIEF CLINICAL NOTES AND REPLIES

Editor Medical Summary:

In the June *Summary* an article recommends hexamethylenamin for all ailments of an infectious or bacterial nature.

A few years ago the drug was used largely for almost everything from meningitis to measles. However, upon further investigation, the drug is found useful in only one class of cases. This is in acid cystitis. Only when the urine is concentrated and in an acid state is the remedy of any use. If the urine happens to be alkaline our drug is not split up and is excreted largely as it enters the body except it may be changed in the stomach; and we are informed the formaldehyde thus liberated is converted in the liver into other products.

Urotropin itself unchanged is a nice tasting thing, but otherwise is inert. Presumably one who uses it, except for bladder infections, is drawing largely on their imagination for therapeutic effect. One time a few years ago, I used the drug in a case of bronchitis. My conclusions were that the old cough mixtures were of some benefit, because I found the urotropin absolutely useless.

Any man who uses this remedy for miscellaneous conditions is losing money.

In reply to the query of Dr. Free, will say that the operation for intubation may be done frequently in some throat hospitals, but I have spent three months at a time in a nose and throat clinic and have failed to see the tube used more than once.

For prostatic inflammation use deep injections of argyrol 25 per cent., or silver nitrate in one-half to two per cent.

In a chronic cystitis which does not yield to ordinary treatment there is usually some serious trouble either in the bladder or kidney.

Last year I treated such a case. A female, age about 50, was troubled very much with a severe cystitis. All remedies gave but temporary relief. Bladder washing was painful and of no benefit. Finally she upon my advice, consulted a specialist and upon examination the right kidney was found to be almost destroyed. This condition could be found only on a catheterization of the ureters. The right kidney was removed and the patient made a fair recovery. This happened six months ago. A few days ago I was called and found the patient having what she called bilious attacks. She would vomit frequently. This looked to me similar to an acidosis, so the urine was examined and the microscope showed much blood. Otherwise from this everything was all right. Now it seems the other kidney may be getting overworked, and as the matter stands the method of transplanting a new kidney is yet in its infancy; so what can we do but use a little medical treatment.

R. A. Black, M.D.
Sullivan, Maine.

SHOULD THE PHYSICIAN BE PERMITTED TO DISPENSE HIS OWN MEDICINE?

Editor Medical Summary:

1. Importance of the subject.
2. Dispensing is an ancient and inherent right of the physician, and the question whether he shall dispense or not should be decided by himself.
3. Former and present relations of the druggist to the physician.
4. Recent efforts of N. A. R. D. to restrict and hamper physicians in dispensing their own medicines.
5. The physician should qualify himself for dispensing.
6. The effect of dispensing on (A) the physician himself:

(a) It improves his knowledge of remedial agents.

(b) It makes him a close observer of their effects on diseases.

(c) It enables him more promptly to relieve suffering and cut short many cases of disease.

(d) It keeps him in closer touch with his patients and he can do better work for them.

(e) It protects him against unauthorized refilling of prescriptions.

(f) His prescriptions are not peddled out to a whole neighborhood as is now often done.

(h) From poor people he receives a slight remuneration which would all go to the drug store.

(i) He is more certain of securing potent, dependable and trustworthy medicines.

(j) The statement that he uses cheap drugs is not true and is an insult to his intelligence.

(k) The charge that he prescribes merely from mercenary motives is a gross exaggeration and the quintessence of meanness.

(B) On the patient:

(a) He receives more prompt relief and makes a quick recovery.

(b) He is saved much inconvenience and a great burden of expense.

(c) By being brought in closer contact with his physician he receives more careful and systematic treatment and there is a more thorough understanding between them, and he is guarded against the pernicious habit of self-drugging or the no less dangerous counter prescribing of the druggist.

(d) He is better and more systematically trained in healthful and hygienic living.

(e) He avoids much of the danger of becoming addicted to habit forming drugs.

(C) Effect on society:

(a) Dispensing by the physician would greatly restrict the use of patent medicines, which are largely made up of alcoholic liquors or narcotic poisons.

(b) The use of morphine, cocaine and other habit-forming drugs would be greatly restricted.

E. Stuver, H.S., M.D., Ph.D.
Fort Collins, Colo.

WHEN THE CORD DOES NOT HEAL

Delay in healing of the umbilical stump is nearly always due to the application of too much greasy substance by an inefficient nurse. Sometimes a local infection is set up by contaminated dressings. The healing process is promoted by dryness. When the stump becomes mummyfied until its exfoliation is almost impossible, then oleaginous remedies are indicated. Any bland powder will ordinarily heal a sluggish cord, provided it is kept free from contamination of all kinds.

Favorite Prescriptions

We invite practitioners to send us for this page, one or more of their favorite prescriptions. Only such as your personal experience has convinced you to be of practical use should be submitted.

Formulas plainly written on postal card is a convenient way for sending. Always give them in this order, please. 1. Name of disease. 2. The formula and directions. 3. Your name, town and State.

Reader, let us hear from you in time for the next issue of the Summary. It is our wish that the reader take a special interest in this department of the Summary.

A FEW FAVORITES

Editor Medical Summary:

In your June issue, you request of your readers that they send you some of their favorite prescriptions, therefore, I am enclosing a few that have stood the test, and I trust that they may be of some benefit to other physicians.

For neuralgia of the fifth nerve try: 1-10 grain pilocarpin. Hypodermically. For dull aching pain in sides over lower ribs:

℞ Tinct. arnica	ʒj
Aqua	q.s. ad. ℥iv

M. Sig.—Teaspoonful every 3 to 4 hours. (The tincture of the root is preferable to that of the flowers.)

For acute alcoholism or drunkenness:

℞ Ammonia muriate	ʒss

Sig.—Take in glass of cold water.

For beginning of delirium tremens use:

1-10 grain pilocarpin to make profuse perspiration.

Before operating for strangulated hernia, when all other medicines have failed, try:

1-10 grain apomorphine, hypodermically. Or 1-10 grain pilocarpin, hypodermically.

To abort a cold in head when the nose is discharging water, try: Abbott's granules of atropine, 1-250 gr. One granule every five to six minutes till moisture begins to get dry.

To cure indolent ulcers and sores on hands and feet, when pus forms under scab, first, remove scab and wash well with Ivory soap and warm water; then apply the following ointment:

℞ Acid salicylate	xvj
Calomel	℈j
Acid carbolic	gtt. v
White vaseline	℥j

Mix. Rub a little into sore at night after washing.

G. A. Davis, M.D.

Summit Point, W. Va.

A GOOD TONIC FOR THE CONVALESCENT

℞ Ferri Massæ	ʒj
Quinine bisulph	gr. xxx
Pulv. capsicum,	
Phenolphthalin	āā gr. iv
Strychnine nit.,	
Acid arseni	āā gr. j

M. ft. cap. no, xxx.

Sig.—One capsule t. i. d. one hour before meals.

Hubert Rawisger, M.D.

Omaha, Ga.

VAGINAL LEUCORRHEA

Take your choice of these:

Powdered alum, three-quarters of an ounce to one quart of tepid water.

Boric acid, three-quarters of an ounce to one quart of tepid water.

Carbolic acid, 2 drams to one quart of tepid water.

Tannic acid, 1 dram to a quart of tepid water.

Limewater, official strength or diluted with an equal part of water.

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

The Treatment of Gonorrhea and Its Complications in Men and Women for the General Practitioner. By William J. Robinson, M.D., Chief of the Department of Genito-Urinary Diseases and Dermatology, Bronx Hospital and Dispensary; Editor of the American Journal of Urology, Venereal and Sexual Diseases; Editor of Critic and Guide; etc., etc. Critic and Guide Company, Publishers, 12 Mt. Morris Park West, New York City. 1915. Price, $2.50.

Dr. Robinson is quite a prolific writer; this volume, we believe, is the latest production from his versatile pen, and to say the least, it appears to be one of his most practical productions and on a subject which the general practitioner has neglected more or less in the past. The author concludes his preface by saying that he is convinced that by following the teachings of this volume, the general practitioner will become more successful in the treatment of his gonorrheal patients than he has been in the past. This sounds good and we hope it will become true, as we believe it eventually will.

The book does not exploit any fads or any special methods, but it represents the actual treatment of a successful specialist in venereal diseases, delivered in plain, conversational language, with full attention to the smallest detail for the benefit of the average general practitioner.

"How to Write Moving Picture Plays," is one of the latest works on the subject of producing picture plays "from the ground up." It is written by William Lewis Gordon and is published by the Atlas Company, Cincinnati, Ohio.

This book gives much information on the writing of film plays and gives a completed scenario to show the construction and technique of same. Nearly everybody is interested in moving pictures and the person who seeks versatile information will be interested in the method of preparing these plays. Persons of many different professions have written scenarios that have been accepted by the film producers. If you are interested in this subject, write the Atlas Company concerning this book.

X-Rays: How to Produce and Interpret Them. By Harold Mowat, M.D., Edin. Temporary Lieutenant, R.A.M.C.; at present officer to X-ray Department Meerut Indian General Hospital; Radiographer to Metropolitan Hospital and Royal Chest Hospital. Oxford University Press, Publishers. American Branch. 35 West 32d Street, New York City. 1915. Price, $3.00.

This book was written for the novice in X-ray manipulation, and it states the elementary facts in such a way that the student or general practitioner who carefully reads the volume, may feel that he has at least, obtained from its perusal, a good general idea of this particular branch of medicine. Therefore, for the student or practitioner having no previous knowledge of this important subject, we can recommend this book as a preliminary study; it is, as it were, a stepping-stone to what is to follow and to be obtained from the more exhaustive works on this subject.

Of course, the subject of therapeutics has not been touched upon in this work—this must be obtained in the larger and more exhaustive works, as it merits a complete volume by itself. This book is most admirably illustrated by 106 cuts or plates, and is concluded with a complete index to contents.

Berberis aquifolium came into use by curing a case of syphilis which had resisted all other treatment, and it has since been found to be a valuable remedy in syphilis and various blood and skin diseases.

Summary Gleanings

W. A. Marner reports success in treating gonorrheal arthritis by salol, calcium and arsenic sulphides.—*Critic and Guide.*

Dr. Waugh asks for reports of failures in treating epistaxis by means of atropine in full doses, capable of reddening the face.

Free bronchial hemorrhage late in the course of rapidly advancing pulmonary tuberculosis, are indicative of erosion of large vessels, and fatal.

Blood-spitting, in small quantities but obstinately resisting treatment, is curiously controlled by lycopus virginica, or its concentration.

Bronchial hemorrhages early in tuberculosis, or when that malady has not been suspected, are valuable as indications and not usually harmful.

The great majority of bladder tumors are either primarily malignant or undergo early malignant degeneration.—*H. A. Moore, Urol. & Cutan. Review.*

Curran Pope (*Am. Jour. Urology*) records a case of virginity persisting in a woman after 20 years' marriage, with regular sexual relations.

The best treatment for baldness lies in preventive measures and these should begin about the fourteenth year.—*Urol. & Cutan. Review.*

The oil of erigeron, 5 drops every four hours, will stop hematuria even when coming from papillomata of the bladder, at least for a long time.

The fact that either atropine or an antagonist like emetine will surely stop hemoptysis may be readily explained by considering the circulatory system as a whole.

To prevent the doctors carrying scarlet fever, Servoss suggests a waterproof garment like that used in attendance on smallpox.—*Ind. Med. Jour.*

Scarlet fever: Full immunity is established a week after the third injection of stock bacterins—250, 500, and 1,000 millions respectively.—*Servoss, Ind. Med. Jour.*

Of all our spasmodic attempts at reform, none seems so utterly futile as our periodic anti-vice crusades, though none arouses such general interest.—*S. S. Shepherd, Critic and Guide.*

No flies, no mosquitoes, no foul smelling garbage. The clamor of the city superseded by the soothing of the mind by the soughing of the wind in the pines.—*D. E. McClure, Public Health.*

Where bad resorts are maintained, ignorant, greedy, grafting and inefficient directors are running them. What a splendid this-kind of a resort keeper Dickens' Murdstone would have made.—*Public Health.*

Noguiera (*Am. Jour. Urology*) cites a number ot cases where hairpins and other foreign bodies were found in the bladders of quite young girls. The suprapubic operation seemed preferable.

Cephæline is twice as emetic and one and a half times more toxic than emetine; one-half as amœbicide. Orally or hypodermically they kill the entamebæ of pyorrhea in a few days.—*D. Walters, Ind. Med. Jour.*

The ideal resort is that one which can surround an individual with conditions that encourage anabolism and that antagonize katabolism, and can offer these conditions to rich and poor alike.—*C. V. Crane, Public Health.*

SEPTEMBER, 1915

THE MEDICAL SUMMARY

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R. H. ANDREWS, M.D., Editor & Proprietor
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Always Interesting and Instructive

July 30, 1915.

Editor Medical Summary:

I have been unfortunate enough to lose the July number of *The Summary* which was a particularly interesting one. I enclose 10 cents and hope you can oblige me with another. I may add that I have been on your list for many years, and never yet received a copy which did not prove both instructive and enjoyable.

Yours truly,
Austin D. Ellis, M.D.
Maplehurst, Norwich, Ontario.

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D. E. Standard, M. D.

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R. H. ANDREWS, M. D., Editor and Publisher, 2321 Park Ave., Phila., Pa.

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THE MEDICAL PIRATE

A strong appellation, we admit, but we find him in almost every community. Too often we find a number of his ilk in every large town or city. We do not refer to the blatant quack or the advertising "specialist." These deceive no one very long. But the doctor who, under the cloak of ethics and society recognition, resorts to any hook or crook to get cases and further his own ends deserves the unadulterated contempt of all right-thinking and respectable medical men. Of all contemptible sneaks and thieves wearing the honorable title of physician, the case-stealer outranks them all. Every honest physician who reads this has time after time had cases stolen from him by medical pirates. And after all, this class of alleged physicians may perhaps be entitled to more pity than blame. Nine out of every ten case-stealing doctors are ignorant or dissipated; the tenth may be astute and professionally brilliant, but he is a thief at heart, a potential criminal. All that has been said concerning the case thief is equally true of the surgeon who performs unnecessary operations or on every whipstitch makes an "exploratory incision," the medical moron who gets his picture in the paper on divers occasions, or the medical liar who has a precious prescription purchased from "an old German professor" at a fabulous price, or the one who trades on the ignorance and gullibility of an always-credulous public. There is no end to the ways in which medical piracy may manifest itself. For one thing we can be truly thankful, and that is the fact that the great majority of physicians are honest and square and upright and are working overtime in the endeavor to make the little niche in which they live a better place, always "doing all the good they can to all the people they can, in all the ways they can."

RINGWORM

Wash the diseased area with a strong solution of bicarbonate of soda and then swab with ether. Paint with iodine and spray with ethyl chloride. One application on the skin may be sufficient, but on the scalp more applications may be necessary.

SOCIAL PROBLEMS

Uplifters, reformers, statesmen and psychologists are striving diligently these days to discover the cause of poverty, crime, deficiency and human dereliction generally. Each set of propagandists believes that it has the right panacea for the alleviation of all these ills. The Socialists believe that the unequal distribution of wealth is a powerful factor in the causation of poverty and social profligacy. The Prohibitionists contend, and with some plausible points of argument, that the saloon is a thing strongly conducive to poverty and inefficiency. The eugenic advocates assure us that the way to stop degeneracy and all its unhappy concomitants is to stop the breed—practice sterilization for the unfit. Many of us concur in the wisdom of their logic. The old question of the relative effects of heredity and environment in mental, moral and physical inefficiency is an ever-ready topic for discussion.

The methods employed in penal and institutional care for those who land up at these ports are improving but the correct solution of it all has never been determined. We have finally gotten away from the punitive ideas that actuated a less enlightened age. We do not punish criminals or insane people as they were once punished. Still the mentally and morally defective should not be pampered. The so-called honor system in our penitentiaries is a humanitarian idea, although it does not work out so well in all cases as its promoters would hope for it to do. Flagrant abuses recently in several States have caused the honor system to receive a hard solar plexus jolt. Failure is often due to the fact that criminals or defectives are dealt with in a wholesale manner rather than recognizing individual needs. There should ever be a happy medium between pampering and punishment. Our altruism must be wholesome and should look beyond the individual's needs and comforts. Incompetency and poverty are hand-maids and the unfortunate thing is that this class breeds prolifically. Of late years this class receives more attention of an eleemosynary source. The expectant mother in a humble home where there are already several youngsters on the ground, as well as a ne'er-do-well father, receives careful consideration from kind-hearted and more prosperous individuals. Perhaps a few days before the industrious stork has made one of his oft-recurring visits the poor woman is given a "shower" of useful articles, and it may include a well-equipped layette for the little one soon to be. So the family is encouraged to go on increasing its numbers and the output of individuals below the normal standard constantly increases.

It's a big problem—to know what to do for poverty, ignorance, intemperance, crime and mental and moral crookedness generally. In the September number of *Iconoclast* is a strong editorial on this subject. The writer offers a solution for this matter; not anything absolutely new, but ideas that are consonant with the trend of modern thought. Here are a few excerpts from the article:

"To protect society from the evil effects of ignorance, poverty, intemperance, failure and crime, let the State establish hospitals, schools, workshops and farms where people mentally and physically sick may be treated—where the weakling may be strengthened—the ignorant instructed—the lost redeemed—and all given employment at something useful and profitable.

"Laws should be enacted authorizing the inauguration of this system and empowering agents of the government to collect from the byways and slums of great cities every person without visible means of legitimate support, every abandoned child, every habitual drunkard wherever found, rich or poor, every pimp and prostitute, every human failure due to laziness or misfortune, and remove them to these farms, schools, hospitals and shops where they can be treated and protected against their own weakness, ignorance, folly and criminal tendencies.

"Pay each according to his earning capacity and give his wages to his dependents, if he has any. If he has none, deposit his earnings in some savings bank and thus secure each against want when too old to work, or something with which to make a new start when given freedom.

"Make it perfectly clear that this act of paternalism on the part of the State is due to their condition and absolutely necessary for their own good and the public good. Let them understand that dependence and personal liberty which they have forfeited may be regained. Let them know that industry, decency, character and temperance is the price of freedom which all may have when they are ready to pay.

"Let the law provide that each person with a sound mind when thoroughly trained shall be restored to freedom and given one chance to make good, but if they drift back into the old habits of vice, dereliction, poverty and crime, they forfeit all claims to further confidence and will thereafter be detained for life.

"The law should also provide that when investigation develops the fact that a man or woman is a moral degenerate, a natural criminal, and when demonstration proves that reformation is impossible, that all such shall be deprived of the power to reproduce their kind."

A REMEDY FOR SCIATICA

We sometimes wonder when we read of the brilliant results some physicians have with a certain treatment or remedy, whether a portion of the same good results do not have psychology for their basis. But when a physician has had lifelong success with a remedy and his father before him as well, we must incline to the belief that the remedy must give *bona fide* results. These suggestions are prompted by an article in *Clinical Medicine*, written by Dr. O. F. Burroughs, in which he speaks as follows: "I have read with interest and pleasure the reports of various methods of treating sciatica, as advocated by readers of *Clinical Medicine*. I want to suggest a method of treatment given me by my father, who graduated from the University of Michigan in 1854. He used this remedy for years, and with invariable success. Following his advice I have used it myself ever since I began practice and have found it effective, not only in sciatica, but also in other forms of neuritis. So far as I can remember, this remedy has not failed me once in twenty-five years; also, it acts just as nicely in the chronic type of sciatica as it does in the acute form, although a little more persistence is required when the case is chronic. How it cures, and why it cures, I cannot explain.

"This remedy is ammonium chloride. I give it in 10 to 20 grain doses, three or four times a day followed with half a glass of water."

Hydrastis is a generally useful remedy in menorrhagia and metrorrhagia, and may be combined with ergot.

BLOOD PRESSURE

A pressure over 150 at the age of 50 or over, is usually considered pathologic. Diet and quiet are the main factors in reducing high pressure and reduction at best is usually only temporary. As a rule the intake of food should be cut down. Tea, coffee and tobacco are generally contraindicated. Buttermilk does not soften hardened arteries but it is an excellent article of diet in this condition. The Bulgaria tablets are of use as well as the nitrites. Nitroglycerin and sodium nitrite have been found to ameliorate symptoms. The patient should have abundant sleep, and quietude during the day is to be recommended. The evening meal especially should be light in order that good sleep may be the better promoted.

TONICS

Many drugs and chemicals have advanced so much in price the last year or so that dispensing physicians have found an added burden in keeping stocked up with needed remedies. Every doctor has among his clientele poor families who are unable to pay for the more elegant tonics and pharmaceuticals and to all such cheaper yet efficient drugs are a godsend. After all, a few of our best tonic agencies are inexpensive. For instance, Fowler's solution and the tincture of the chloride of iron. A Missouri doctor has written the *Physicians' Drug News* for a formula for good but inexpensive tonics for those who are unable to pay for more expensive preparations. The answer to the query follows:

Here are three formulas that cover the ground pretty thoroughly, are easily made, and at a cost of less than 20 cents a pint:

BITTER TONIC

℞ Fld. ext. cinchona	4 oz.
Fld. ext. gentian	4 oz.
Fld. ext. dandelion	4 oz.
Oil orange	½ oz.
Sugar	3 lb.
Alcohol	1½ pts.
Water	q. s. ad. 1 gal.

Put the sugar into a gallon bottle, add the fluid extracts. Dissolve the oil of orange in the alcohol and add to the bottle, together with sufficient water to fill it. Shake until the sugar is dissolved and filter until clear. Dose: One dessertspoonful.

IRON TONIC

℞ Fld. ext. gentian	8 oz.
Tr. iron chloride, tasteless	10 oz.
Alcohol	1 pt.
Oil lemon	½ oz.
Sugar	3 lb.
Water	q. s. 1 gal.

Proceed as in making the bitter tonic. Dose: One to two teaspoonfuls.

NERVE TONIC

℞ Fld. ext. coca leaves	4 oz.
Fld. ext. celery seed	4 oz.
Fld. ext. nux vomica	1 oz.
Oil wintergreen	½ oz.
Sugar	3 lb.
Alcohol	1½ pts.
Water	q. s. 1 gal.

Proceed as in making bitter tonic. Dose: One or two teaspoonfuls.

PALATABLE EPSOM SALTS

℞ Magnesium sulphate	1½ lbs.
Granulated sugar	½ lb
Ess. peppermint	4 oz.
Ess. orange peel comp.	4 oz.
Tr. Jamaica ginger	4 oz.
Water	1 gal.
Tr. cudbear to color	

Dose: Dessertspoonful or more.

Morphine checks all secretions except sweat; sedates all smooth muscle fiber except the eye and bladder sphincters.

Warm disinfectants are more bactericidal than cool ones. Local infections do best with phenol 4 %, at once removed by irrigation.

Our best diuretic is water.

In the treatment of incontinence of urine satisfactory results can be obtained by the use of atropine. This seems to be especially so in all cases where the mucous membrane of the bladder is sensitive.

THE CAMPAIGN AGAINST CANCER IN NEW ENGLAND

The New England States generally show a higher death rate from cancer than any other group of states. This does not mean that New England people are more susceptible to this disease. Cancer is a disease of later adult life and it is well known that in parts of New England there are more old people proportionately to the population than in any other regions. Nevertheless, the death rates recently published by the U. S. Census Bureau have stimulated much activity in these states in the educational campaign for the control of malignant disease.

A PRIZE HAIR TONIC

A few months ago we published a list of remedies which are used on the hair or scalp. The list was about as long as your arm. It seems that almost everything is "good for" the hair. Almost everything, for instance, will remove dandruff, but if there is any permanent cure we have failed to learn it. If there were any sure thing that agency would soon be universally known and used to the exclusion of everything else. The *Bulletin of Pharmacy* offered prizes for the best formulæ for hair tonics and the winner was a Miss Daisy A. Frick, of Audubon, Iowa. It was the following:

Quinine	½ dram
Resorcin	4 drams
Tincture of jaborandi	2 ounces
Tincture of cantharides	4 drams
Alcohol	4 ounces
Spirit of myrcia	16 ounces
Rosewater	9 ounces
Mix and perfume with oil of bergamot,	½ dram
Oil of rose geranium	½ dram
Oil of cologne	½ dram

Add the oils to the alcohol first. Add aromatic sulphuric acid, 3 drams, to the quinine. Mix all. Filter, twice if necessary. This makes a full quart. The amount of alcohol is 50 per cent.

Here is a good method of making castor oil palatable. Cut an orange in half and squeeze the juice of one piece into a glass, cover with castor oil and swallow. Use the juice of the remaining half of the orange as a "chaser."

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE PREVENTION OF DEGENERATIVE CHANGES OF LIVING TISSUES—HOW TO FORESTALL OLD AGE; ARTERIO-SCLEROSIS WITH ITS INCIDENTAL COMPLICATIONS—HOW TO LOOK YOUNG AND TO FEEL YOUNG

By M. O. Terry, M.D.
Ex-Surgeon General S. N. Y.

In the Morning: Take a hot bath lasting five to ten minutes massaging the entire body by rolling muscles, elevating legs and with open fingers pulling from feet to thighs, thus unloading the tissues of the structural changes incident to metamorphosis; also deeply knead the bowels by rolling motion from right to left following line of colon.

It is believed that half of the work of the kidneys will be shifted by this procedure.

Calisthenics adapted to one's age lasting ten to fifteen minutes following the rub will be found efficacious and to prepare you for the day. The imitation of horseback riding, swimming, sailor pulling, double hip swinging motion or a peristaltic twist motion are most excellent for the bowels.

The Bowels: No lasting health can exist without daily evacuations at a regular hour in the *morning*, and *two* are better than *one*. Keep mind on desire, and do not read as it switches off concentration.

Nature will awaken you each morning, if you will only heed the internal monitor which awakens you by a pleasant or startling dream. Rise at once. You will find the dial of the clock always the same. Wonderful is nature to show you the way to physiological health.

Position in Bed, in our opinion, is of much importance. On retiring turn to the right, and to the left during the morning hours. The changed positions facilitate intestinal movements.

Arterio-Sclerosis is due to the degenerative changes caused by over feeding. The supply and demand are not physiologically balanced. Physical and mental occupation are not intelligently considered. Age and temperament are features of introspection which are not wisely looked into and therefore proper differentiation made.

Diet suited to the conditions named; the quantity and quality; the systematic disposition of effete material, thus forestalling its accumulation in the various organs and tissues of the body resulting in their degeneration, it is thought should be borne in mind, if youthful tissues, a sprightly gate and the alacrity of an exuberant soul be desired.

Blood pressure readings without organic lesions of the heart will drop to about normal, from say 180 to 145 or 150 within a few months without medicine or other treatment than the measures herein recommended provided, that beef, sweetbreads, pork, ham, sausage, and other red meats be dispensed with, and that only the requirements of the body in each case be met from a diet taken from fruits, vegetables, cereals, nuts and salt-water food, or fish.

As stated in other words, it is for the individual to select from this diet, with few varieties at a given meal just the requirements of his or her body and that the instructions be carried out as previously outlined.

Appendicitis, beyond question, can be traced in nine cases out of ten to the violation of the admonitions set forth. The apparent strengthening by a diet of beef and the like, is more than offset by the enervation resulting from the putrefaction and the formation of various bacteria in the intestinal tract the toxinic effect of which leads to sluggish inflammation of which the appendix is one factor. If you will but try a diet without meat for five days, with free movements of the bowels, the awful odor of the intestinal remains of that diet will give place to one of which there is scarcely a noticeable feature.

Olive oil, Mt. Clemens Salts, and the mer. cor. 1-1000 tablets I advise all to understand. *Olive oil* with a glass of hot water for its soothing effects in the bowels—and this is probably true of stanolax or liquid paraffin, alboline, and other refined petroleum products—is most valuable, as irritating substances are soothed away and bacteria are removed and their growth inhibited in the intestinal tract. Mt. Clemens Salts appears to me to be a most marvelous evaporated preparation as a laxative, for after-constipation does not ensue, and septic conditions are made aseptic. This is a strong statement, but my observation is based on years of its use in practice.

POISONING from any form of diet as lobster, fish and the like can best be treated by the suggestions in the above paragraph, but the 1-1000 of a grain of mer. cor. taken with some water will prove to those who try it, an almost infallible life saver. It may be necessary to repeat the dose at intervals of two or three hours for two or three doses.

Mamaroneck-on-the-Sound, New York.

STRICTURE OF THE URETHRA

By HENRY H. MORTON, M.D.
Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc., Brooklyn, N. Y.

In making a diagnosis of stricture we cannot tell anything from the history. It simply tells us that the man has an obstruction in his urethra which may be stone, prostate, or stricture. The diagnosis is made by examination, and the flexible bulbous bougie is the best instrument for this purpose. A steel sound is too inexact, as the sound passes through the stricture, gradually dilating it; whereas, a bulbous bougie on being withdrawn catches on the stricture band, and a sensation as if passing over a fiddle string is felt.

All soft and recent strictures are treated by dilation and many organized strictures may be treated in this way.

For dilation two instruments are used: (1) Sounds; (2) Dilators.

The effects of dilation are that mechanical stretching and small tears take place in the substance of the stricture, under the mucous membrane, blood supply is increased and absorption is favored.

By repeated dilations the character of the tissue is changed from a live scar, which would contract, to a dead scar, which has little or no tendency to contract.

In all cases begin with sounds, using one large enough to just stretch the stricture. Massage of the urethra over the sound gives beneficial effects of massage as well as dilation. Sounds should be passed about once a week.

After a full sized sound no longer dilates the stricture we use a dilator, increasing one or two points at each sitting, followed by an irrigation with silver nitrate 1-4000.

Severe bleeding means too much dilation and patient should have two weeks' rest.

False passages are made by pushing the end of the sound into the periurethral tissues.

In very tight strictures a filiform guide should be passed and a tunnelled sound threaded over it and passed into the bladder.

If stricture is so tight no sound can be passed, the guide may be left in for 24 hours causing superficial ulceration, then a flexible bougie is passed and left in for 24 hours. This is continued, using a larger bougie each time till a sound can be passed. This method is not in common use today.

False passage, or in very tight, heavy, dense, tortuous strictures immediate external urethrotomy is indicated.

32 Schermerhorn Street, Brooklyn, N. Y.

IMPROVING TINCTURE OF IODINE

The addition of calomel, one part in 3000, to the tincture of iodine, is said to be prophylactic of septic infection. This preparation when diluted, one drachm to one ounce of sterile water or normal salt solution, is an ideal wound dressing, and unapproachable when used internally in sore throat, bronchitis, tuberculosis, etc. For internal use the dose is one drop in a teaspoonful of sherry before each meal. and increased, drop by drop, to tolerance.

Peroxide loosens dried dressings.

LET'S TALK IT OVER, BOYS

By "Old Doc"

Now, boys, as we are having an epidemic of typhoid fever in this section, I thought I would give you my methods of treating this fever. Of course, I know that you have your own methods of treating this disease, it is but natural; if you are successful with your methods I would advise you not to change, for success is what counts after all.

Now, boys, in my opinion we do not use enough energy in treating typhoid fever, from the fact that so many eminent writers claim that it is a self-limited disease and will run its course in spite of any line of treatment.

Now, if that is a fact, what are we to do? Shall we in this great age of the world's progress just sit around, spit and look wise and let this disease murder our patients without any congenial help? Lawsa massy! Think of it! Why, bless your souls boys, the first doctor that ever treated an invalid done more for his patient. You know it is said that Cain was the first invalid and it followed that his wife was the first doctor. It is said that she was successful in treating her lord's neurasthenia and it seems up to the present time that her method and record has never been beaten.

My experience and observation is, if typhoid fever is taken in time and properly treated, complications can be avoided and many times the duration of the disease can be shortened.

Now, when I am called to see a patient and find that they have a genuine case of typhoid fever in the first stage with its constant low step-ladder temperature of 99 to 103 degrees, frequent pulse 90 to 110, never over 120, chilly sensations along the spine rarely amounting to rigors, headache, pain and soreness of the muscles, tenderness along the spine, tenderness upon pressure in right iliac region, accompanied with gurgling sound, pain of a peculiar kind, often assuming a form of a crick in the neck or aching of the head and soreness about its junction with the neck, epistaxis, tongue coated white in the middle but rather clean at the edges and of a deep red; in putting it out it assumes a pointed form and will often quiver like a leaf in the wind; all enteric symptoms, looseness of the bowels, foul odor, frothy urine, with unpleasant cadaveric odor—this is the makeup of this fever.

Now, to confirm my diagnosis, I use Russo test. To one dram of the patient's urine in a test tube add four drops of a 1:1000 aqueous solution of methylene blue and shake enough to mix the two liquids. If the test is positive a mint green color is noted, but if negative, a blue. I have been using this test for some time and find it very accurate.

Now, boys, in my opinion good nursing and diet are the most important in typhoid fever. I allow no one in the sick room except the nurse. I have the patient's urine and stool thoroughly disinfected. I insist upon my patients drinking freely of pure water. I have my patients to drink a pint of infusion of flaxseed tea during the day and night for its soothing effect upon the kidneys and bladder. I starve my patients the first week, allow nothing in the way of diet but fresh buttermilk in small quantities. In the second and third weeks I increase the amount of milk and add liquid peptonoids, white of raw eggs, boiled sweet milk with lime water and brandy in small quantities and frequently repeated, as the digestive capacity of the patient is greatly lessened by the fever. In my opinion much harm results in typhoid fever by stuffing the patient. Now the medical treatment includes a wide variety of drugs as suggested by the different symptoms during the course of the disease. I believe in cleaning out the alimentary canal and keeping it clean. I give one grain of saccharated calomel every hour for ten hours followed by two ounces of Squibb's castor oil and ten drops of spirits of turpentine. Then the following prescription:

℞	Pulv. Ipecac	gr. ½
	Phenolphthalein	gr. 2
	Glycocholate of soda	gr. 4
	Protiodid of mercury	gr. ¼

M. Ft. pill, No. 1.

Sig.—One pill at bedtime, followed in the morning by a dose of oil and turpentine; also an enema of a half gallon of hot water every night with one ounce of peroxide of hydrogen. I keep this up for the first week or until the bowels are thoroughly cleaned out. I never allow my patients bowels to become locked up any time during the course of the fever, unless hemorrhage occurs, which it rarely does if the bowels are kept thoroughly cleaned out. In my opinion, many patients are made subjects for the undertaker by keeping their bowels locked up for a number of days at the time.

After the first week I usually discontinue all cathartics, except occasionally a dose of castor oil, and depend upon the enemas to keep the bowels open. I give intestinal antiseptics from the beginning to the end and the following prescription is a favorite with me if the tongue is coated white:

℞	Sodium sulphocarbolate	ʒiv
	Salol	ʒiss
	Tinct. iodine	♏xxiv
	Glycerin	℥j
	Lactopeptine	ʒiv
	Emulsion acaciæ	q. s. ℥iv

M. Sig.—Teaspoonful in water every four hours. And ten drops of normal tr. echinacea between each dose.

If the tongue becomes dry, bowels tympanitic, add half a dram of oil of turpentine to the above mixture.

Now, if the tongue is broad, white pasty coat, showing that the secretions are superbundant with acids, I give ten grains of hyposulphite of soda every three or four hours Now should the tongue during the course of the fever become deep red, the fur having a tinge of brown showing that the blood and all the secretions and excretions are overloaded with phosphates and soda, the following prescription is indicated:

℞	Hydrochloric acid dil	℥j
	Elix. digest. ferments	q. s ℥iv

M. Sig.—Teaspoonful to a half glass of water every three or four hours.

Boys, in my opinion the danger of typhoid fever consists in the effect of the high temperature upon the tissues. Now if the fever is on the increase above 102 degrees I have my patients sponged with alchool and warm water until effect or lysol magnesia.

℞	Lysol	♏xx
	Magnesia sulph	℥j
	Warm water	pt. j

M. Sig.—Sponge entire body until fever is reduced.

And the internal administration of the following prescription:

℞	Aspirin	ʒss
	Anodyne comp	ʒss
	Citrat. caffeine	gr. x
	Alcohol	q. s.
	Elix. lactopeptine	q. s. ℥ij

M. Sig.—Teaspoonful every two or three hours until fever is controlled.

Now, should hemorrhage of the bowels occur stop all other treatment and give sulphate of atropine, 1-60 of a grain, ergotine, 2 grains, morphine sulphate, ¼ grain hypodermically and ten drops of tr. digitalis every four hours, Also the following:

℞	Fld. extract hamamelis,	
	Oil turpentine,	
	Spts. lavender comp	āā ʒiij
	Emulsion acaciæ	q.s ℥iij

M. Sig.—Teaspoonful every three hours until hemorrhage is controlled.

Now, if this should fail to arrest the hemorrhage, which it rarely does, I cover the abdomen with an ice bag, but do not let it remain but a short time, as it causes too much shock. Very often after hemorrhage the bowels become very much distended with gas; in such cases I have used big doses of charcoal with good results. It is also fine to arrest hemorrhages of the bowels. For low muttering delirium, with cold skin, a feeble pulse, contracted pupils, I give 1-250 atropine every four hours until the pupils begin to dilate. If the circulation becomes weak, arsenite of strychnine, glonoin, digitalin, cactus and so forth should be given as indicated.

Now there is nothing wonderful or brilliant about my treatment but ninety per cent. of my patients are clear of fever from the fourteenth to twenty-first day. They rarely ever have any complications or tedious convalescence.

A doctor cured a previously intractable case of urinary incontinence with the use of eight drops of thuja three times a day. When the urinary condition was cured he found that a dysmenorrhea was also relieved.

THE PROSTATE

By Burton A. Washburn, M.D.

Man is just as strong as he thinks he is (imagination). But man is just as strong as he tries to make himself, and as he succeeds. All men owe this to themselves, to protect their bodies, for the wear upon them reduces the cell neuron and cell protoplasm. And the extent of physical resistance that the body has depends upon the reduction of such energy and the gradual invasion of pathological processes. A man may be advanced in years and young in tissues; and he may be young in years and very old of body, due to the cell changes and the inroads of disease. Consequently it behooves every man to have his machinery looked over and have such repairs made as may be necessary.

Most men consider themselves physically perfect as long as they can force themselves to keep in motion, and later awaken to the fact that they have woven around themselves a diseased condition which requires radical measures to eliminate.

I am confining this article to a disease that is affecting the younger class of men, as well as the older ones, and that is gradually undermining their physical resistance.

Symptoms of the prostate disease, and seen in every-day practice, are treated for other troubles, which, without a close examination, you cannot trace the condition to this organ—a frequently mucous stool, a heavy sensation about rectum, a desire to pass water often, a small amount of water voided, a slight rigor, a discharge of muco-pus, urine full of fine shreds from fibrinous break-down, and a fever.

Many a case of enlarged prostate is treated for piles, and relief is finally sought in operation, only to find that the prostate is at the base of it all. Many a case is let run on, thinking it an old case of gonorrhea and the internal treatment will eliminate the same.

The very first step in the treatment of any case which comes before you, of any of the above-mentioned symptoms, including all cases of specific origin, should be placed on the table and given a rectal examination first, then the examination of the urethra and urine. If these cases are given the proper examination first you can get results in many a case that will please your patient and at least place yourself in a position where you can talk properly and not be ashamed of having your remarks quoted to other doctors that might see this patient. You well know that this class of patients, if they have suffered from enlarged prostates, have been to several doctors before they came to you. And if you can hold them, you will have to make your proper examination and then you can get into the right line of treatment.

The prostate is a genital organ, and not a urinary organ. I believe that is one reason why so many cases are treated in a superficial manner. I will not go into the minute anatomy of this organ. The prostate has only two lobes. We sometimes hear mention of the prostate having three, which only assimilates a third lobe, on account of the marked enlargement of the lateral lobes.

The prostate can readily be felt through the rectum. The urethra tunnels its upper part, but sometimes enters through the lower portion, which in this case it is very slightly separated from the rectum. This one fact is always to be remembered, and be assured that the patient will always remember and remind you that something is wrong.

If operated, the rectum is injured to such an extent that the patient has trouble after you dismiss him. I do not believe that the prostate enlarges with age, for I have examined many cases from youth to patients as old as eighty, and find just as frequent cases of enlarged prostate in middle age as in advanced years. Extreme years make a difference in the histological structure of this organ, but not necessarily pathological. I have found an atrophy of the prostate in many cases of tuberculosis.

There is much to write on this subject, for without a doubt the prostate has been the cause of indirectly producing continued pathological changes, until acute inflammation of the kidneys has resulted.

I have mentioned only a few of the seemingly light symptoms which are encountered in every-day practice, and which in themselves are forerunners of prostatic envolvement.

Take, for instance, a large testicle may be the direct cause of inflammation of the prostate. Urine that has a trace of albumen, with possibly pus, should at once remind you of this prostate. And down to the case that complains and notices a frequent difference in the size stream he voids, which should have the examination for prostatic troubles.

Paducah, Ky.

[Dr. Washburn promises that his next paper will be on "The Treatment of the Prostate." We trust that the good doctor will have this ready in time for our November issue.—Ed.]

ECZEMA—WORTH A THOUSAND DOLLARS

By C. D. R. Kirk, M.D.

An old gentleman came to the writer for medicine to allay a most distressing eczema that had began to make its appearance on his hands about a week before calling for treatment. He had run through with all the domestic remedies available without any relief. I began treatment with my very best remedies, without a halt in the disease in any way noticeable.

The pustules were round, small, hard, light in color, or rather no change in the color of the skin. When broken, which required some force, there was a small quantity of thin water—the weeping variety. Breaking the pustules did not stop the itching. Carbolic acid was applied to some in full strength, which made a deep burn, but by the time the inflammation from the caustic had began to subside, the eczema pustules were formed in the inflamed area. No remedy was capable of reaching the itching pustule, unless it could destroy the scarf, a first layer of the skin. In spite of the very best remedies, both local and constitutional, known to the writer, or known to general writers, were faithfully tried without any halt in its severity or progress. It rapidly covered the hands and forearms, then his face and eyes. There was itching all the while; in this it was a hundred times worse than "the seven-year-itch" for that gave time for a few hours' rest every night.

About this time, when both patient and doctor had given it up as a hopeless case, the following prescription was suggested by a friend, who had obtained it from a Dr. Hyde, a skin specialist of New York. But while this gave some slight relief in certain localities, it was a complete failure in other places. It was finally suggested that if it was applied in a way that the scarf skin would be, to some extent, denuded or removed that it would be more successful, and that there was no better way to do this than to apply it with some force; and for this purpose a corn cob was used—it was a success in that the terrible itching was relieved for at first about three hours, then longer—twenty-four hours. Here is the prescription:

℞ Zinc oxide,
Prepared chalk,
Lanoline,
Vaseline........................āā ʒv
Acid salicylate.................gr. xxiv

Mix thoroughly by grinding in a mortar.

The rule in applying it is to rub every itching region until itching ceases and there is more or less tenderness or soreness.

This remedy, while it gives rest, is by no means a cure, but it will keep the itching in bearable bounds. When cool nights come the disease subsides, but promptly returns when the weather gets warm in the spring. There is no such thing as estimating the value of this remedy, a thousand dollars is not in it, as anyone will testify who tries it for the above variety of the disease; but it is worthless for some cases whose pustules have an inflamed base and one too in which the remedy inflames and burns—in other words, this is not a remedy for all varieties.

A gentleman who only got intoxicated when he could get the whisky, called on the writer for a remedy for eczema on his non-mentionable, and stated that when itch time came, scratching had to go on regardless of present company, at the locality of the disease. I prescribed carbolic acid in water or vaseline, and explained the deep caustic powers of the remedy, and the dilution or ointment to be made, but after getting well loaded with whisky, he started for his home, about five miles out in the country; on his way he began itching on his scrotum and at once dismounted and remembered: "Kirk says this medicine will stop this d——m itching, and I will give it a trial." At this he poured out a tablespoonful or more of the acid in the palm of his hand and proceeded to apply it to all itching surfaces. He sprang to his feet, rubbed with his clothes; rubbed over pine bushes and on the ground, cursed, "Kirk and his medicine"; threw up his whisky, and did everything that a suffering man could think of, but for hours the burning continued. It will suffice to say, the eczema was cured.

Shuqualak, Miss.

DIAGNOSIS OF SYPHILIS BY LABORATORY METHODS

(Abstract of Clinical Lecture given in the Long Island College Hospital)

By Henry H. Morton, M.D.
Clinical Professor of Genito-Urinary diseases in the Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc., Brooklyn, N. Y.

We have four ways of making an examination for the purpose of making a diagnosis of syphilis:

1. The demonstration of the spirocheta pallida in the suspected lesion.
2. The Wassermann reaction in the blood.
3. The cutaneous or Luetin reaction of Noguchi.
4. The findings in the spinal fluid.

Clinical experience must supplement laboratory diagnosis, for .sometimes laboratory reports are misleading.

For the demonstration of the spirocheta the "Dark Field" is the best method as the living spirocheta may be seen.

The India ink and Giemsa stains are also extensively used for the demonstration of spirocheta in smears, while the Levaditi stain is used to demonstrate the spirocheta in tissues.

The Wassermann reaction is depended upon for the diagnosis of syphilis today. The old method is the best, as short cuts are unreliable.

A positive reaction appears 6 to 8 weeks after infection. One hundred per cent. of secondary syphilitics untreated give a positive reaction.

In some cases, in spite of good treatment, it is impossible to change the reaction, if, however, it is reduced but is not negative, it shows the need of more treatment.

In suspected cases where the Wassermann is negative, a small dose of salvarsan or mercury will often cause the reaction to be positive in 24 to 48 hours. This is called a provocative Wassermann.

The Luetin reaction was devised by Noguchi in 1911. A mixed culture of killed spirochetæ are injected beneath the skin. A positive reaction appears as a papule or pustule appears in 3 to 5 days. Nichols and Craig found that the positive reaction appeared more consistently in latent cases.

The findings in the spinal fluid are useful in diagnosing cerebro-spinal syphilis. There is very little danger in lumbar puncture if properly done.

In examining the spinal fluid we estimate the pressure, make a cell count, estimate the globulin and do a Wassermann.

Up to 5 cells per cm. is normal, 5 to 10 is doubtful, and over 10 is pathological. Increased cell count shows irritation along the cord.

Globulin is not normally found in spinal fluid, and its presence shows irritation. It is present in 80 to 100 per cent. of syphilitic nervous disease.

In syphilitic nervous disease the Wassermann reaction is usually present. In tabes, about 60 to 70 per cent. positive; in paresis, 100 per cent. positive.

All laboratory reports must come from reliable laboratories, else reports will be misleading and then clinical experience must determine the diagnosis.

SOME NEW REACTIONS OF PEPTONES AND DIFFERENTIATION FROM ENZYMES

By Charles H. Walker, Ph.D., M.D.
Instructor in Diseases of Children in the New York Post-Graduate Medical School and Hospital
AND
Frederick Klein, Ph.D.
New York, Consulting Chemist

In some of our research work made with protein and nuclein bases, it was found possible to differentiate and decompose the protein molecule more exactly by a new method than by any other formerly used, including hydrolysis with acid, alkali, and temperature.

This new method, exceedingly simple, effective, and practically chemical, has given us very satisfactory results. To realize and shorten this paper, which is not intended to wander off into a most complicated and unexplored field of chemical research, we have used two chemicals to differentiate and to decompose the complicated protein molecule into its lower molecular components, which we call peptones and amino acids. Peptones important in cancer diagnosis.

The two chemicals used are anhydrous selenious acid .(see April, 1913, *N. Y. Deut. Med. Monatschift*, demonstration of chemical formulæ of proteins and peptones) either solid or a 5 or 10 per cent. aqueous solution, and nascent oxygen. Not only decomposition but also solution has taken place in some instances.

The above mentioned lower molecular products called peptones and amino acids shall be our theme for the present, and we shall concentrate our whole attention for the reason that these compounds in connection with enzymes and acids will demonstrate the ingredients in some of the official and pharmaceutical preparations.

Enzymes in general are organic catalysors, activating and nourishing the cell by chemically adding oxygen in such a chemical form as to be more assimilable to blood and nerve, and to further less destruction of all body tissue.

The enzymes more plainly defined are proteins, which concentrate and accumulate the cell tissue, rendering them more absorbent in very low temperature. This means decomposition of high molecular compounds by oxidation, reducing the organized hydrocarbon to water, carbonic acid, ammonia, phosphoric and sulphuric acid (general metabolism) and catabolism.

Formerly the protein compounds were systematically differentiated into a greater number of lower decomposition products. According to later research and to our own observations, this complicated chemical field of proteins has simply been reduced into two components—in fact only one since the second amino acids would more clearly demonstrate the peptones. These components or molecular decomposed proteins are peptones and amino acids.

As soon as proteins come in contact with the enzymes of the saliva, stomach, pancreas, or intestines, the protein is decomposed into a soluble peptone, which is not coagulated by acids or heat. This fully explains the word peptone (peptones as a rule are the cause of many important pathological conditions, especially in the digestive tract. If there is a high or low acidity no solutions of peptones are possible, therefore a toxic condition known as pepto-toxin is produced which is highly poisonous to the system), which is nothing more than a conglomerate of amino acids; these are further decomposed in less complicated chemical substances like pyridin, pyrol and their methyl-compounds. These are especially important in pathological conditions, as cancer, tuberculosis and syphilis.

Having now briefly explained and illustrated the practical meaning of peptones, we will now try to test and find them in solutions by using the most suitable chemical reagents, to detect this group of higher amino acids or peptones.

Concentrated solutions of ammonium salts, especially ammonium sulphate, has been used for differentiation, besides the Biuret Reagent (diluted copper sulphate and sodium hydrate) which gives a red or purple coloration with peptones.

Some new, more precise, and more sensitive reagents. The table below will demonstrate as observed in our laboratory work.

TABLE No. 1

Peptone, in powder form, made into (aqueous sol.) + 7% $CuSO_4$ sol.=clear solu. By adding 25% NH_4OH, deep blue color results, and further addition of 50% CH_3COOH, a clear solution is obtained.	Protein—Egg Albumen, dried, made into (aqueous sol.) + 7% $CuSO_4$ sol.=not clear. By adding NH_4OH, a deep blue color results, and by further addition of 50% CH_3COOH, a turbid solution consisting of a white curdy precipitate is obtained.

A better reaction is obtained if concentrated copper acetate solution is used instead of the copper sulphate solution.

TABLE No. 2

Peptone, in powder form, made into (aqueous sol.) + Phosphoric Acid 85% A clear solution results. Add ether and shake well, Top layer shiny and jelly-like; bottom layer clear.	Protein—Egg Albumen, dried, made into (aqueous sol.) + Phosphoric Acid 85% No change. Add ether and shake well, Top layer clear and readily settles to the middle layer; bottom layer turbid.

The above modification has given the best results.

TABLE No. 3

Peptone in powder form, made into (aqueous sol.)+	Protein—Egg Albumen, dried, made into (aqueous sol.)+
Potassium Ferrocyanide 10%=	Potassium Ferrocyanide 10%=
Clear solution, no change.	Clear solution, no change.
Add phosphoric acid 85%	Add phosphoric acid 85%
Gives clear sol. or only a slight turbidity.	Gives a white, curdy precipitate.

The silver reagents did not prove satisfactory.

The following table shows some differentiation in acidity and chemical reagents with enzymes and peptones.

TABLE No. 4

1% CrO_3 Aq. sol. in hydrochloric acid, conc.; equal parts of both being taken,
Added to PEPSIN=no change.
Added to PEPTON=slight greenish color with yellowish tint.
Added to CASEIN=green color.
Added to PTYLIN=green color.
Added to PANCREATIN=green color.

This test is to differentiate peptons from proteids; 0.5% Methylene Blue Aq. solution with Na_2CO_3 (normal sol.)

Added to Pepsin=no change	
Added to Pepton=no change	Gradually fades, but not entirely decolorized.
Added to Casein=no change.	
Added to Ptylin=no change.	By shaking the blue color is retained.
Added to Pancreatin=decolorizes on the addition of heat.	

SPECIFICATION

Pepsin added to (1% CrO_3 sol. and conc. HCL āā) gives no reduction.
Pepton added to indoxyl potass. sulphate 1:1000 or indigo carmine staining sol. gives a clear sol.
Casein added to (1% CRO_4 sol. and strong HCL. āā) gives green coloration, reduction.
Pancreatin added to 0.5 m. Methylene Blue Aq. sol. made alkaline with n/l Na_2CO_3 =decoloration.

TABLE NO. 5

PEPSIN	PEPTON
Reaction—acid.	Reaction—neutral.
Added to HCL=ppt.	Added to HCL=no ppt.
Added to HNO_3=ppt. with later xantho protein reaction or only very slight.	Added to HNO_3=no ppt. with later xantho protein reaction.
Added to $CuSo_4$ and NaOH give a violet color.	Added to $CuSo_4$ and NaOH give a violet coloration.
Added to Millions reagent=red color.	Added to Millions reagent=red color.
Added to phosphorus molybdenate=ppt.	Added to phosphorus molybdenate=no ppt.
Added to Mayer's sol.=ppt.	Added to Mayer's sol.=ppt.

NUMBER I.

2% Dimethylamidobenzaldehyde solution in concentrated HCL.

Added to Pepsin gives cochineal red coloration.	Added to Pepton gives cochineal red coloration.	Added to Casein gives cochineal red coloration.

The coloration fades gradually, more so by the addition of water.

NUMBER II.—WITH CONCENTRATED HCL.

PEPSIN gives cochineal red not clear, mixed with brownish tint.	PEPTON gives no coloration, yellowish tint.	CASEIN gives cochineal red coloration.

The coloration gets stronger on standing and is more stable than No. 1.

NUMBER III.—WITH CONCENTRATED SULPHURIC ACID

PEPSIN gives brownish red coloration; in water, a whitish opalescence.	PEPTON gives more pronounced red than Pepsin; in water, a clear yellow.	CASEIN gives brown color coffee brown; in water, a clear orange yellow.

124 West 73d Street, New York City.

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

In Holland nurses are medically trained in a practical knowledge of contraceptive methods, and are thus enabled to enlighten the women of the community. This is an admirable plan. Considering that the use of contraceptive measures is now almost universal, it is astonishing that there are yet so many so-called "civilized" countries in which this method of enlightenment is not everywhere adopted. Until it is adopted, and a necessary knowledge of the most fundamental facts of the sexual life brought into every home, the physician must be regarded as the proper adviser. It is true that until recently he was generally in these matters a blind leader of the blind. Nowadays it is beginning to be recognized that the physician has no more serious and responsible duty than that of giving help in the difficult paths of the sexual life. Very frequently, indeed, even yet, he has not risen to a sense of his responsibilities in this matter. It is well to remember, however, that a physician who is unable or unwilling to give frank and sound advice in this most important department of life, is unlikely to be reliable in any other department. If he is not up to date here he is probably not up to date anywhere.—*Havelock Ellis in Oct. Physical Culture.*

COLORLESS HAIR RESTORER

The following produces a clear liquid hair restorer without sulphur deposit: Lead acetate or nitrate, 1½ oz., sodium hyposulphite, 5 oz.; glycerin, 1 pint; alcohol, 10 fl. oz.; oil of lemon, 2 fl. drs.; oil of cloves, ½ fl. dr.: essential oil of almonds, ½ fl. dr.; rose water, 2 pints; water to one gallon. Dissolve the lead salt and the hyposulphite each separately in two pints of hot water and mix the solutions; dissolve the oils in the alcohol, add two pints of water, and rub with ½ oz. of magnesium carbonate in a mortar, filter, and add the filtrate to the other mixture, then add the glycerin and enough water to make a gallon. The product should be kept from the light. —*Pharmaceutical Journal.*

A CONSTIPATION REMEDY

Dr. A. L. Gardner, of Painesville, Ohio, in the *Homeopathic Recorder*, says:

"A little over forty-two years ago I began using bran mash, the coarser part for constipation, and find it the best remedy I have ever employed to permanently cure constipation. It should be taken at supper time before eating anything else. I direct to pour boiling hot water on the bran and salt it a little, and then pour off the water and put in milk, which may be sweetened or not as individual taste decides. One to three or more tablespoonfuls is usually taken at a time, once a day, and the amount varied to secure an easy movement once a day only, after breakfast. In time the amount taken may be very gradually diminished, until finally, none is used at all, and the patient has only to religiously maintain the habit, and let nothing interfere with this rule. We are beings of habit. So I tell them to "get the habit." The two greatest things in life are to keep the conscience clear and the bowels regular.

For impotence due to sexual excesses, arsenate of strychnine combined with some phosphoric acid, will give good results, providing your patients stick to the treatment for a couple of weeks, and abstain from intercourse during that time.

NOTES ON RECTAL FISTULA

In a paper read at the late meeting of the American Proctological Society, Dr. J. Rawson Pennington, of Chicago, Ill., says:

"The etiology, conformation and classification of fistula as presented in our textbooks is not satisfactory.

"The rectum extends from the termination of the sigmoid, at a point opposite the middle of the third sacral vertebra, to the pectinate line. The anal canal extends from this line to the anus. A fistula, then, with the external opening in the anal canal should be classified as an anal-fistula, or fistula-in-ano. A fistula with the internal opening in the pectinate line, or junction between the rectum and the anal canal, partakes of both of these structures, the rectum and anal canal, and should be known as an ano-rectal fistula. While those cases with the internal opening in the rectum should be known as rectal fistula. Complex, compound, horseshoe, and other so-called varieties of fistula are simply expressions of complexity, position, or shape, of one or the other of the foregoing divisions, or a combination of them.

METHODS OF TREATMENT

"Many methods have been proposed for the treatment of fistula. The author desires to submit herewith another which he believes to be far more important than any as yet presented—The Preventive Treatment. All methods may be classified under three general heads, viz.; the preventive, palliative, and curative. Under the former may be considered the prophylactic and the abortive treatment. Under the latter the injection and the operative treatment.

"(*a*) Prophylactic Treatment—It is said that an ounce of prevention is worth a pound of cure. This injunction is as apropos in the treatment of fistula as in the treatment of any other malady. A complete history and careful examination usually elicit the fact that practically every individual who has fistula has or has had hemorrhoids, cryptitis, fissure, pruritus ani, proctitis, or some other form of curable rectal disease. These conditions favor the invasion of the peri-rectal tissues with pyogenic organisms, which is usually followed by an abscess and fistula. Hence, if people were educated to keep their rectums in a healthy state, and did so, fistula would become less frequent. Since the number of cases may be reduced by education, it becomes our duty as proctologists to launch a campaign for the prevention of this loathsome affliction—fistula.

"(*b*) Abortive Treatment—The time to abort fistula is during the infection or abscess stage. If the abscess is opened early and the pus allowed to escape, and the abscess wall is not interfered with, in any way with instruments or drugs, but the cavity drained freely, and gently filled with subnitrate of bismuth ointment and this treatment repeated every two, three or four days, according to the indications fistula will, as a rule, be aborted."

CARMINATIVES

Dr. Wegele, in his work on the Therapeutics of the Gastrointestinal Tract, quoted by the *N. Y. Medical Journal*, refers to infusions of the following drugs as being useful for carminative purposes: Peppermint, fennel, anise, caraway and valerian. The infusions should be prepared from one or two teaspoonfuls of the drug, added to one tumblerful of water. The administration of one or two drops of peppermint oil on a piece of sugar is also an efficient measure. The following combination of drugs is of advantage in meteorism:

℞	Olei fœniculi,	
	Olei menthææ piperitæ	āā min. 80
	Magnesia oxid	gr. 75
	Ext. nucis vomicæ	gr. 1½
	Ext. belladonnæ fol	gr. 2

M. et ft. in pilulas No. C.
Sig.—Two to three pills three times daily.

Boas is credited with the following formula:

M. et in pilulas No. C.

℞	Bismuthi subsalicylatis	gr. 75
	Magnes. oxidi	dr. 9

M. et ft. pulvis.
Sig.—One teaspoonful three times a day after meals.—*Med. Standard.*

In gastric and duodenal ulcers, one-ounce doses of olive oil morning and evening have a good effect. A useful adjuvant will be found in phenol.

THE CANCER DECALOGUE

1. *Do not cut across a cancer and leave part behind.* The part remaining will grow more rapidly than if you had left it alone altogether.

2. *An operation for cancer is an operation to save life.* Cosmetic results are to be considered, but they are not to be weighed against recurrence and death a few years later.

3. *Never manipulate a cancer roughly, either before or during operation, or more often than is necessary to make a diagnosis.* To do so is the easiest way to drive cells into the lymph or blood current—hence metastasis.

4. *Do not let a woman drag you into her delusion that her early cancer symptoms are due to the menopause.* The menopause is a normal physiological state, and if the woman's organs are healthy she will be healthy.

5. *Repair every cervix* that is eroded, everted or the seat of a discharge.

6. *Do not rule out cancer because the patient is not old.* About ten per cent. of cancers occur before thirty-five.

7. *Do not tell your patients they have cancer if you are sure they will follow your advice at once.* If they are inclined to delay tell them frankly what they have and what will be the consequence of delay. If they make their own choice let it be done with full knowledge of facts and prospects. *Tell the relatives or friends in any event.*

8. *To save your patients from cancer save them from delay.* Do not wait for pain and cachexia, the sign of impending death.

9. *Do not admit that incurable cancer is unrelievable cancer.* Ligation, cautery, paliative removal and even proven physical methods may change distress to comfort and add months or years. The patient who appeals to you for relief, is the one to be considered, not reputation or "the effect on the community."

10. Be always on the watch for early suspicious symptoms. Be prompt to follow them to a definite diagnosis. Be courageous enough to insist on immediate proper treatment.

Physostigma has been employed with good results in cases of renal hemorrhage. It should be combined with ergotin.

ALCOHOL A POOR KIND OF FOOD

The question as to whether alcohol is, in any sense, a food, has given rise to much heated controversy. Much of this has been unscientific and partisan and has arisen from a loose use of the term "food." It may not be amiss to remind our readers that there are two great classes of foods, those which serve mainly or wholly as fuel, i. e., supply heat and energy, and those which serve largely to reconstruct worn-out tissue or to build new tissue (as in growth). Chief among the fuel foods are sugars and starches and fats; chief among the tissue-building foods are proteins and mineral salts.

Physiologists are agreed that moderate quantities of alcohol taken into the body in diluted form, are completely burned, just as sugar is burned. In this process, it undoubtedly serves as a source of heat and it is probable that under these conditions it can also serve as a source of mechanical energy.

On the other hand, alcohol differs from other fuel foods, such as the sugars, starches, and fats, by not lending itself to storage in the body. Even though physiologists regard alcohol as, under certain conditions, a food, we should be careful to note that they do not class alcohol as at all equal to the other fuel foods mentioned.

But this is not all. Not only does alcohol *lack certain valuable properties* possessed by other fuel foods, but it *possesses injurious qualities* in so high a degree as to make its intemperate use the greatest single menace to health known. The injurious qualities are (a) the toxic effect on the body tissues; (b) the habit forming character of alcoholic indulgence.

Inasmuch as small amounts of alcohol, taken into the body are rapidly oxidized, i. e., completely burned up, the claim has been made that under these conditions, alcohol is without toxic effect on the body tissues. That it does injure these tissues, even when taken in moderation, is indicated by studies conducted by various life insurance companies, to which reference has been made in previous numbers of the *Bulletin*. Unlike the observations by physiologists on relatively small numbers of individuals, the figures collected by the insurance companies are derived from an analysis of the life histories of millions of persons.

The habit-forming properties of alcohol are so well known that further comment on this phase of the alcoholic problem is unnecessary.

Altogether the conclusion is inevitable that though technically, physiologists are correct in classing alcohol under certain conditions as a food, practically, the consumption of alcohol even in moderate quantities constitutes a grave menace to health. As Woods Hutchinson has well said "Alcohol as a food is a joke, and rather a bad joke at that."—*Bulletin, Department of Health, New York City.*

"THE OLD REMEDIES"

Dr. Bullock, of Washington, D. C., says: "In these days when everything in medicine both as regards diagnosis and treatment, is tending too much toward the experiments in laboratories, in the active principles and in its use of serums, etc., it would be well to bear in mind the importance also of the physician's ability to make a differential diagnosis, as in some cases certain remedial measures may not be at hand and in the other it is well to take into consideration certain old-time remedies which will sometimes accomplish a great deal of good.

"Not long ago an old man asked the question as to what would relieve a pain in his side which nothing heretofore had relieved. When I told him to try a turpentine (hot) stupe explaining to him how to apply same. He did so and was entirely relieved after several nightly applications. The same man had an irritable bladder when an infusion of uva ursi leaves was advised which also gave him great relief, hence, I am writing a prescription which may be of benefit to some old person who needs attention because of an irritable bladder which, with other means, may alleviate distress in some old person. This is not with the idea that we must abandon all modern means or to hit at the active principles in which I have great faith, but is intended to show that we can not always throw aside the old remedies.

℞	Tinc. humulus	℥i—ʒiij
	Tinc. hyoscyamus	ʒj
	Tinc. cantharides	ʒj
	Infusion buchu leaves,	
	Infusion uva ursi leaves	āā q. s., ℥j

M. Take an ounce of each of buchu and uva ursi leaves and pour a pint, or a little over of boiling water on them; let stand for fifteen minutes and strain and add sufficient of the infusion to make one pint of above mixture.

Sig.—Take one teaspoonful every three hours during the day.

N. B. In some cases acetate of potash might be beneficially added."—*Herald.*

INJECTION TREATMENT OF HEMORRHOIDS

Dr. F. S. Edwards relates his procedure in injecting hemorrhoids.

After a warm boracic enema, the piles are extruded at stool. The patient is then placed on a couch in the knee-elbow position, and the piles mopped over with a little warm antiseptic lotion. A hyperdermic syringe is filled with the following solution:

℞	Carbolic acid	gr. xxiv
	Glycerin	ʒi
	Aqua	ad ʒij

The needle, of good lumen, is then passed into the center of each prolapsed hemorrhoid in turn, from 3 to 6 drops being injected according to the size of the pile. This is usually quite painless. Swelling occurs at once, so the sooner the piles are returned the better. The patient is then allowed to go home with a caution to return the piles at once should any prolapse occur, otherwise strangulation and sloughing might ensue. A second injection is sometimes necessary after the lapse of a month or two, but in many cases recurrence, if it takes place at all, is postponed for a year.—*Practitioner—Record.*

THE "IRON CROSS"

We have heard much of the conferring of "iron crosses" across the big waters for acts of bravery—and killing. Very seldom has this honor been bestowed upon doctors for saving lives through scientific skill, although the doctors may have hazarded their own lives and reputations in taking the chances of so doing. *Medical Pickwick*, in a spirit of humor, offers "iron crosses" as follows:

Rhinologist—who doesn't consider tonsilotomy a dangerous operation—for the general practitioner to do.

Dermatologist—who can't cure eczema.

Surgeon—who hasn't published his first hundred cases of appendectomy.

Gynecologist—who hasn't a special trick in doing a perineorrhaphy.

Pediastrist—who admits he sometimes uses prepared infant foods.

Orthopedist—who hasn't invented a brace for something.

Gastro-enterologist—who doesn't differ with every other gastro-enterologist on every question.

Proctologist—whoever admits he is one.

Internist—who doesn't refer to the surgeons as though they were another breed.

And general open-to-all "iron crosses"—to the man who reports a mistake that didn't happen long ago and has served as a lesson since.

CHRONIC PROSTATITIS

When this disease assumes the chronic type, Dr. Kinnear says that the use of autogenous vaccine is indicated, and the vaccine should be given about every five days. Local treatment through the urethra and rectum are the rule rather than the exception. For the local treatment through the urethra, there are many methods of choice. The installation of silver nitrate solution ranging in strength from one-fifth to one and even two per cent., used probably every four days, produces germicidal effects upon the specific organism second to none, and stimulates repair of the infiltrated gland. Irrigations of potassium permanganate, ranging in strength from one in 5000 to one per cent., will aid in healing the local processes. In some cases electrolysis by the use of the insulated copper sound, using the negative electrode in the prostatic urethra, will help. Some of the organic silver salts may prove of value. Massage of the gland through the rectum should be practiced about once a week, and the matter expressed should be examined microscopically to determine the presence of infection. At this stage a tonic should be given, containing iron in an easily assimilated form. This line of treatment with variations to suit the individual case, should be followed until the shreds in the urine disappear and do not contain infecting organisms, after which a lapse of from two to four weeks in the treatment should be followed by a thorough examination; if this is satisfactory, the patient may be discharged as cured.—*N. Y. Med. Jour.*

RECTAL DON'TS

The following are contributed by Dr. Sidney H. Adler to the *Medical Review of Reviews.*

1. Don't take anything rectal for granted—examine.
2. Don't examine in the position you would use to examine the prostate; you will never be able to work in that position.
3. Don't examine for hemorrhoids four to six inches up. They all occur from the anal orifice up about two inches.
4. Don't think that all rectal bleeding means hemorrhoids. It means ulceration and ulceration may be found in most rectal conditions.
5. Don't diagnose the sentinal pile of a fissure as an external hemorrhoid and remove it. It does harm and never good.
6. Don't be afraid of soiling your hands. The rectum can be washed out. The anus takes care of itself and if necessary, a rubber glove gives thorough protection, but dulls the tactile sense.
7. Don't insert a proctoscope without first having inserted your finger to see if there be any obstruction.
8. Don't try to force a probe through every fistula. If there be an internal opening, it can most often be felt or seen and no new tracts will be opened if a probe be not forced in.
9. Don't insert your finger into every rectum where a fissure is present. The acute pain caused is unnecessary. Everting the anus with the patient straining will bring the fissure to view.
10. Don't make a small opening in an abscess around the rectum. Cosmetic effects need not be considered. Complete opening facilities cure.
11. Don't forget to look for some rectal lesions in pruritis ani. Though the majority of cases are due to infections of the streptococcus fæcalis, the portal of entry is in the anal canal, the curing of which very often cures the condition.
12. Don't think that every sphincter must be stretched to remove hemorrhoids. The ligature methods, using local anesthesia, will permit the sphincteric action to help stop oozing.
13. Don't make a practice of inserting a rubber splint into each rectum after operation. Unless completely paralyzed, the sphincter

muscles can take care of the bleeding, and, if necessary, a piece of vaselined gauze will answer all purposes and give much less pain.

14. Don't forget to open wide, curette and pack all infected dermoids in the anal region. Unless this procedure is followed it will necessitate reopening within a short time.

15. Don't forget that the anal area is very sensitive, while the handling of the rectum above the internal sphincter gives relatively little pain.

16. Don't think that you have to cause pain in making a rectal examination. The entire procedure can be done with no pain, and only a little discomfort.

17. Don't inject any local anesthetic around the part to be removed, but into it, for when injected around it the after pain is very severe.

18. Don't confuse obstipation with constipation. Examine carefully and wisely differentiate.

19. Don't fail to examine thoroughly all cases of persistent diarrhea or diarrhea alternating with constipation. Carcinomata often have that as one of their first symptoms.

20. Don't forget that a rectal operation needs after treatment more than an operation on any other part of the body. The after treatment should not be left in the hands of the orderly or nurse. It is the most important part of the operation.—*Med. Standard.*

TWILIGHT SLEEP IN ITS RELATION TO GENERAL PRACTITIONER

An interesting editorial, under the above caption, in the N. Y. State *Med. Jour.*, concludes as follows:

One of the first American women to submit to twilight sleep at the Freiburg Clinic and who afterwards became noted for her strenuous advocacy of its adoption recently died in the Long Island College Hospital from hemorrhage following child-birth. The attending obstetrician was known as one of the strongest advocates in the country of twilight sleep. Considerable publicity was given to the woman's death in the lay press. The mutual faith of the patient and physician in the efficacy of this method of treatment aroused the suspicion that the expectant mother died a martyr to her faith; nothing was published confirmatory to this belief.

We are in a position to relate the following facts:

The patient had advanced to the eighth month of pregnancy. A partial placenta previa resulted in several severe hemorrhages. It was decided to induce premature labor and she was removed to the hospital. The vertex presented and the child and placenta were delivered without difficulty. Amost violent and uncontrollable hemorrhage followed and in spite of the skill of the attendant and his assistants the woman died upon the table.

The case opens up a field for speculation as to the effects of the drugs employed—scopolamine and morphine—upon the tonicity of the muscular structure of the uterus following delivery. It is a debatable question whether or not the partial narcotism could or would produce a relaxed condition of the musculature conducive to hemorrhage.

CAUSE OF DISSATISFACTION WITH HEMORRHOIDAL OPERATIONS

In a paper read at the late meeting of the American Proctological Society, Dr. Rollin H. Barnes, of St. Louis, Mo., says:

"The reason for dissatisfaction with the textbook methods in the operative treatment of hemorrhoids, is that they are based upon the fear of hemorrhage, and that pace has not been kept with modern surgical knowledge in regard to the control of this hemorrhage.

"It is easier to take care of primary hemorrhage than of secondary bleeding such as may occur from a slough following the ligature or the clamp and cautery operation, because the surgeon is not always at hand when the latter occurs.

"In the methods of Dr. J. Rawson Pennington (A. P. A. Trans., 1914), and the author (A. P. A. Trans., 1912), a clean excision of the hemorrhoid is done, so that it requires only controlling the primary hemorrhage, for there is no slough. The tissues are injured as little as possible so that they will retain the greatest amount of resistance against infection. There is less pain in these open methods, for we do not have the 'confined infection' which is especially caused by the use of sutures and by injuries to the deeper tissues.

"For the control of hemorrhage the author advocates the use of pressure. Also care should be taken of the bleeding vessel itself rather than a ligature should be tied around a mass of bleeding tissues, or that they should be cauterized. He also advocates that advantage be taken of that muscular contraction which can be secured to the greatest extent by minimizing trauma. The rectal plug acts against this muscular contraction.

"The author opposes the customary purgation in the preparation of the patient before operation. He prefers the cold enema as a means to clean out the lower bowel. He contends that the daily enema in the after-treatment does not result in constipating the patient but rather aids in securing regularity of bowel action."

ATROPHIC PHARYNGITIS

In the majority of cases atrophic pharyngitis is an extension of the process within the nose. The pharyngeal wall is dry and glazed. Thick, tenacious mucus, dirty yellow in color, is seen hanging to the posterior pharyngeal wall. The nose, and perhaps the accessory sinuses, are filled with the same material.

The treatment of the atrophic condition is general and local. The body health must be regulated by tonics, regulation of the digestive system, fresh air, nourishing food, freedom from worry, etc. It is of as much importance for the specialist to attend to the general physical condition of the patient as it is for the general practitioner.

The local treatment consists in thorough cleansing of the nasal chambers and the throat, and the stimulation of the mucous membranes. This is accomplished by irrigating the nose with an alkaline solution and stimulating the devitalized membranes with the silver salts.

I do not believe in the use of the ordinary nasal douche, as some of the fluid is very liable to enter the eustachian tubes and thereby cause a catarrhal otitis media or a more serious condition. The patient receives the following prescription:

℞ Sodii bicarbonatis
Sodii chloridi
Sodii biboratis .... āā℥ij
Menthol gr. v
M. Sig.—ʒj to quart of warm water.

The irrigation is made with a fountain syringe. A clean tip is always kept ready for the nose. The quart of medicated warm water is poured into the syringe bag, which is suspended one foot above the patient's head. The tip is inserted into either nostril while the patient holds his head over a basin. The mouth is kept open, and the water allowed to run slowly into the nose, half the solution being used on either side. In this manner the fluid returns by way of the mouth or nose and none is forced into the eustachian tubes or sinuses. The patient is cautioned not to blow the nose hard for some moments after the irrigation, not until he is sure that most of the water is out of the nasal cavities.

RIGG'S DISEASE

This condition is caused by the accumulation of decaying matter with attendant bacteria between the gums and the teeth. The gums recede, the sockets of the teeth become tender, and eventually the teeth fall out. Rigg's disease is often accompanied by a fetid breath. Whenever such a condition is present the gums must be carefully attended to by a competent dentist. It is unnecessary to state that suspicion of cavities in any of the teeth must receive immediate attention. In a pronounced case of Rigg's disease all infected matter must be removed and the gums put into as healthy a condition as possible. The post-operative care is most important, as only by careful cleanliness can the process be stayed.

As Rigg's disease is caused mainly by decomposition due to retained bacteria, these bacteria must be destroyed. Further decomposition will often be prevented by the use of some preparation which includes salicylic acid, *i. e.*

℞ Acid. salicylici
Acid. benzoici .... ad gr. xvj
Tinct. krameriæ .... ʒiss
Alcoholis .... q.s. ad ℥j

M. Sig.—A teaspoonful to small wineglassful of water as mouth wash.—*Dr. Hays, in "Merck's Archives."*

In croup, give child five to seven years old five to ten drops of the fluid extract of jaborandi until free vomiting ensues; this cures in the majority of cases, it is claimed.

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

EARACHE

Editor Medical Summary:

I have on hand a very severe case of earache and intense mastoiditis, which was caused by infecting virus in the water received into the ear of a young man while bathing in the town creek, a creek in which foul night soil and other toxic matter is drained.

The entire side of his head, including the mastoid cells and area surrounding the ear were intensely swollen and painful, there was every evidence of meningitis being present as he had high fever and delirium.

Notwithstanding the fact that the case had been in progress more than a week when I saw it, it yielded promptly to treatment, the methyl salicylate—full strength—should always be used in severe cases and continued until the pain is relieved, filling the ear every half hour or hour, and painting the entire area with tinct. iodine full strength, two or three times daily, until swelling and inflammation subside.

As soon as the drum head bursts, ten grains of borax to the ounce of glycerin should be instilled at least three times daily, until otorrhea ceases and the drum head is healed.

One week's treatment with the methyl salicylate even in neglected and the worst class of cases, together with iodine as often as can possibly be borne, with after treatment outlined for otorrhea and mastoiditis, will safely cure any case.

Robert Lee Hammond, M.D.

Frederick, Maryland.

THE PHYSICIAN AND THE SABBATH

Editor Medical Summary:

The early medical society in Indiana incorporated the following in their constitution: "The medical man should remember the Sabbath day to keep it holy, and visits should be as far as possible before and after public worship, and during intervals."

Physicians in early times were nearly all church members and church goers. Today the fewest number attend the church, and it is not because they can't arrange their professional business so that they can attend divine worship, but it is because they have not the inclination. Out of twelve physicians in this city who are church members, there are but two of us who make it a practice to so arrange our work as to enable us to attend church. Five church members go to church to attend funerals; three who are church members favor a "wide-open" town on Sundays; namely, saloons, picture-shows and vaudeville.

The disregard of the holiness of the Sabbath, except in small communities and in the rural districts, is absolutely alarming. A moving-picture show will have more men, women and children in it on Sunday nights than can be found in any church in the city. The Sunday baseball gets them by the thousands. The writer can recall the time when it cost a physician his standing and popularity if he did not unite with and attend church. Most physicians of today are Christians in their wives' names only.

D. L. Field, M.D.

Jeffersonville, Ind.

For chronic gastritis Russell (*Med. World*) suggests silver nitrate gr. 1-8 before each meal.

Emetine hydrochloride is used by Frazier to abort typhoid fever. One-half grain is injected.

TREATMENT OF CHRONIC BRONCHITIS

Editor Medical Summary:

Having recently had some cases of chronic bronchitis to treat, I decided to test the therapeutic merits of both local and constitutional treatment combined. The result of this treatment was gratifying to both patient and myself. I decided to write it up for the benefit of *The Summary* readers, as this journal is always full of the best original and selected articles of any journal of my knowledge, and is by me always a most welcome visitor, and long may it continue to dispense valuable information to physicians, as it has done for so many long years.

A sample case is the following: Mr. P. J. came to me for treatment; I diagnosed the case to be bronchitis in a subacute form; I prescribed, as a local application to the thorax, to be thoroughly rubbed in twice a day, the following:

℞	Oil wintergreen	℥ij
	Oil sassafras	ʒiv
	Oil turpentine	℥ij
	Olive oil	℥iv
	Petrolatum	℥iij

M. Sig.—Rub over chest, half an ounce, twice daily.

The following to be given internally:

℞	Ammonium chloride	ʒiv
	Syr. wild cherry	℥iv
	Syr. senega	℥iv
	Syr. ipecac	℥ij
	Syr. tolou	℥ij

M. Sig.—Teaspoonful three or four times a day, before meals and bedtime.

Also, give a good cod liver oil preparation, a dose after meals. This treatment has cured a number of long standing cases for me, and hope it may prove equally satisfactory to others. Believing this treatment to be, to some extent anyway, original and out of the ordinary methods and successful, is my object in presenting it to *The Summary* readers.

W. S. Randolph, M.D.

Oakhurst, Texas.

The discovered outbreaks of typhoid fever due to the eating of raw oysters, or other shellfish, have been few in number.

TONICS—IGNATIA—CINCHONA

Editor Medical Summary:

For a tonic, reconstructive, and strengthening medicine, to use after periods of great relaxation and weakness, there is nothing better than tincture of ignatia and tincture of cinchona. I think I have mentioned this before in these pages, but the period of intense heat, after a very cool, moist summer, that we have passed through, has brought it to mind with particular emphasis. When the mercury has shot up suddenly to 96 degrees, every disturbance of the stomach or bowels, every case of retention of bile, and every case of auto-toxemia of any kind, leaves people so profoundly prostrated that building-up treatment is an absolute necessity. Many men have a vague idea of what constitutes a tonic. A medicine is not necessarily a tonic because it is bitter and makes a person have a better appetite. A true tonic must have a definite medicinal action, and must strengthen the heart and the nervous system, and increase the assimilative and blood-building powers of the system. Ignatia is especially indicated in these cases as it contains enough strychnine for the purpose, and is exceedingly valuable as a nerve sedative and strengthener. For cinchona most men read quinine, but that is not the case here. Peruvian bark contains tonic and astringent qualities that quinine does not have at all. Cinchona is especially helpful after exhausting attacks of trouble in the bowels, liver, or gall-bladder. Cinchona is a valuable diarrhea remedy, in conditions of atony or relaxation of the bowels, and, with ignatia, is always indicated in conditions of great prostration, with feeble digestion and flagging heart. Ignatia is a decided sedative to the nervous system, as well as a stimulant to the heart. For atonic dyspepsia, and atonic diarrhea, cinchona, ignatia and bryonia should usually be given together. For that prostrated, trembling, nerveless condition often produced in women by a great fright or profound shock, ignatia is practically a specific.

In any condition of great weakness, or anything resembling anemia, these remedies will do you good service, but be sure to get the tincture of the yellow cinchona.

William M. Gregory. M.D.

Berea, Ohio.

QUERIES ON ELECTRICAL APPLICATIONS, ETC.

Editor Medical Summary:

I am ready to assure you that the book, "Practical Application of Electricity in Medicine and Surgery" is a great work. One can find good assistance for the use of the galvanic battery, but I hope you will take the trouble to help me understand more definitely about the central electrization. I understand, that for instance, in a case of paralysis agitans, the positive pole is to be applied to the nucha and the negative to the shaking arm, or the entire body, but I desire to ascertain what the milliampere is, especially when my galvanic machine is composed of dry red seal batteries. For lumbago, I suppose, 20 milliamperes would correspond with four cells, but how many dry cells shall I have all together for successful and effective work?

For the removal of warts, the author advises 10 to 15 milliamperes—I have applied six batteries; for removal of hair, I have used three cells, and have been very successful. For sexual impotence I have been giving the faradic, secondary. Positive at the upper spine, negative at both groins and the perineum.

In the above-named treatise on the subject I could not draw any conclusion as to how the galvanic battery (dry cell)—could not equip myself with any so far—is to be applied. A little more information as to the use of the regular electric current (ordinary house light electricity) replacing all other machines would also be appreciated. I understand it can be used in the place of the galvanic, but I do not see whether it may take the place of any other battery.

For the electric bath, I have been giving the faradic, having the positive at the head, and the negative at the feet. I think this rule should also be observed when the glavanic battery is used, but how many cells would you advise?

Thanking you for the answers to the above questions.

A. J. Newman, M.D.
1757 Pitkin Avenue, Brooklyn, N. Y.

[We submitted Dr. Newman's queries to Dr. J. R. Etter, of Crawfordsville, Ind., and he has kindly furnished us with the following reply.—Ed.]

Dr. Newman submits some very pertinent questions, a discussion of which may be of general interest to the profession at large. I will not attempt to answer them in the rotation as they occur, as in several instances the answers would overlap each other. Doctor Newman asks about batteries and dynamo currents.

In his question he discloses an error that, in my experience with physicians, both by personal contact and by correspondence, seems to be almost universal—that is, that the quality of the current depends on the source of supply—that a current generated by a wet cell is different from a current generated by a dry cell, and that a dynamo current is different from both dry and wet cells. There can be nothing farther from the truth. All cells and all dynamos generate galvanic currents, and the current when generated is exactly the same.

But I hear a murmur back in the audience saying, there are direct and alternating dynamos, and the currents from each are different, and even good electricians will tell you that there is a great difference. Yes and no. An alternating dynamo generates a purely galvanic current, but in passing it through the combinations within the dynamo the positive and negative is changed from one wire to the other, from one to fifty thousand times a minute, so that the current on the wires leading from the dynamo are almost equally positive and negative at the same time. This alternating current is used in most of the commercial circuits of the present day, as it has been found to be more economical than direct currents. Dr. Newman will no doubt find on investigation, that the commercial currents of his city are "alternating."

Again I hear a murmur from the audience that there is a great difference in the *quantity* or *amperage*, that different styles of cells give off. Right you are, when the cells are tested on a short circuit, where the resistance is negligible. There are three things that must be taken into consideration in the use of a current for any purpose, viz: Voltage, amperage and resistance. To illustrate this point—a current of one volt (push) might force one ampere (quantity) of current through one ohm of resistance, while one volt would force much less current (amperes) through a circuit of ten ohms resistance, so it is in medical treatment, that where it is desired to pass one or a hundred milliamperes there must be sufficient voltage to overcome whatever resistance the body offers, and then sufficient extra voltage to force the required number of milliamperes from one electrode to the other, which is shown by having a mililampere meter interposed in the circuit. The mechanical electrician speaks of currents as so many amperes, while the physician speaks of it in milliamperes, and, strange to say, I have met a goodly number who really thought the terms related to different kinds of currents. A milliampere is the one thousandth of an ampere, which is simply a more minuet division of the ampere. Authors in writing on electric subjects speak of steady galvanic, interrupted galvanic, sinusoidal, faradic, high frequency, etc. These are all modified galvanic currents caused by the different instruments or machines through which the galvanic current is passed before it reaches the patient. The faradic or induced current is a good illustration of a modified galvanic current, changed from a low voltage to a high, and from one of considerable amperage to almost none; also from a direct to a partially alternating current. While a direct current can be thus transformed to an alternating, so can an alternating be transformed to a direct again, as will be mentioned in another place.

The primary circuit consists of one or two cells of battery, giving from one and one-fourth, to two and a half volts, and five or more amperes of current, connected with the primary coil, with a vibrator or circuit breaker interposed in the circuit, to interrupt the current. While the voltage of the primary circuit is very low, and is a direct current, in the process of jumping, or inducing the current through the insulating space between the two coils, the voltage of the secondary coil is raised to hundreds or even thousands of volts, and at the same time the amperage is decreased to almost nothing. At the present time dry cells are so perfected, that one would hardly care to use fluid cells, as they are more expensive to install and a source of constant trouble to keep in order. Dr. Newman desires to know something about the use of commercial currents. The most of lighting currents are "alternating," and of high voltage, as well as great amperage, and of necessity have to be modified before they can be used on an ordinary machine.

This can be done by installing a rectifier and suitable rheostats, the capacity of each must depend on the special current used. Most currents used for lighting purposes are from 110 to 220 volts. By the use of a rectifier, the alternating current can be converted into a direct galvanic current, and the rheostat will control the amount of current desired to be used. There are a number of firms that make such devices, and by giving them the data concerning the current you desire to connect with, they can furnish the proper apparatus, which, after being installed, can be used on any machine, the same as battery power.

The directions for connecting up one kind of cells will apply to any other kind, except, of course, where dry cells are used there is no elements or electrolyte to be put in them, as in wet cells. Dry cells are ready for instant use when received. As to the *number* of cells to be used in electrolysis, there can be no positive statement made, as it depends entirely on the working condition of the cells, and the good or bad connections ot the machine. In using a meter one will often find that six cells will not show as many milliamperes at the electrodes as three will at other times. In removing hair, warts, moles etc., sufficient current must be used to produce gas bubbles when the needle is in situ, regardless of the number of cells required. The doctor inquires as to the number of dry cells are necessary for effective work. I suppose he means for the ordinary work one does in his office. I have found that twenty-five cells are sufficient; in fact, when the cells and connections are good, I have never required that many. One cannot apply any more electricity than the patient will stand, and with twenty cells or less, I can blister the skin, where the steady galvanic is used. The faradic only requires one or two cells, while the sinusoidal machine I use seldom requires more than ten. Three to six dry cells will light up a diagnostic lamp very nicely, the number, of course, depending on the voltage of the lamp. I generally use a four or six volt lamp. In cataphoresis, can do satisfactory work with ten to fifteen cells. While the faradic current may be used in electric baths, I have found the sinusoidal much better, as it gives more quantity. In giving baths, the electrodes should not touch the patient, but sufficient current should be used to charge the water as strongly as the patient will stand. It is a rather delicate subject to speak of "positive and negative" in regard to a faradic current, as many good authors say it is purely an alternating current, but I think if anyone will take hold of the electrodes he will discover there is some polarity at least. I have not had success with steady galvanism in baths, and if an interrupted current is given it should be carried to the extent the patient will tolerate, as I have seen no bad results from electric baths, but, on the contrary, the most startling benefits.

He asks as to how many milliamperes should be used in central galvanization. This will depend solely on the area of the electrodes used. If he uses a large positive electrode, it will let a large amount of electricity into the body, and if he uses a small electrode on the negative, as a needle, he will destroy tissue at the negative pole. That is, he will concentrate the current at the outlet. This principle is used in destroying superfluous hairs, warts, moles, etc. In central galvanization it is not desired to destroy tissue, but to pass a large amount of current through the body, and this can be accomplished by having large electrodes at both positive and negative poles, the positive pole being placed near the central origin of the nerves desired to be affected.

Several hundred milliamperes can be passed through the body with safety, when the above rule is observed. Electricity is just a remedy the same as other medicine, and the same rules should be observed in its application. One would not give the same sized dose of medicine to children and grown people, or to blondes and brunettes, to weakly and strong. Writers on electricity can only give average doses and the judgment of the local physician must guide in each separate case. In paralysis agitans, much good will be accomplished by the high tension currents, as well as in impotency, or other similar conditions.

Interrupted currents passing through the muscles act as a massage and, in fact, the most effective that can be used. They also increase circulation in the parts through which they pass, and to those two facts are probably due the larger part of the benefits attained in many of the electrical applications. The doctor will find great relief from pain by the application of high tension currents, as in lumbago, of which he inquires. As it is very difficult to measure the high tension currents, with a milliampere meter, it is a safe rule to apply at each sitting the amount that the patient will comfortably tolerate.

In painful conditions, or where functional activity is below normal, the best results are obtained with the sinusoidal, faradic or other high tension currents, except where effusions or other abnormal products exist, as are found in the joints, ovaries, appendix, etc. In these cases the steady galvanic current in connection with cataphoretic inspissation of absorbent remedies is preferable, in fact an absolute necessity.

One must at all times be in touch with the condition of his cells, whether fresh, or partly exhausted—whether the connections and switches are all clean and firmly connected up which lead to the patient, before he can judge as to the number of cells it will take to do the work in hand.

J. R. Etter, M.D.

Crawfordsville, Ind.

MICROBES AND BACTERIA

Editor Medical Summary:

Experimental research has brought to light the startling fact that nearly all diseases especially contagious, arise from specific micro-organisms, which, although their life histories have been studied, cannot be classified as either animal or vegetable in their nature.

Micro-organisms, as the cause of about all the diseases which "flesh is heir to," have certainly "gone to seed," when we find the following claim: Campbell suggests that the unusual symptoms produced by medicine, usually simple in their action, may be due to bacteria in the medicine, rather than to any idiosyncrasy in the patient using it. He cites the case of a patient, who had been made violently ill by using a mixture of quinine and whiskey, which had been kept a month. He claimed that bacteria "may grow in most medicines." Who has not had patients who could not take quinine because it produced such fearful urticaria? It acts so strongly on the peripheral nerves and skin, which makes the eruption. This is an idiosyncrasy and not bacteria. Again, some persons cannot stand whiskey because it causes such an extreme nausea.

I believe the phagocytes eat up the bacteria; microbes may be destroyed in the gastric juice. I knew an old ex-steamboat captain, who said that he had drunk whiskey for sixty years, and chewed tobacco; and for fifteen years had been swallowing all the ambur! He died at 88 years of age. He said, "he'd be d—nd if microbes would have any chances in his stomach." He said that he had always eaten everything set before him, and for many years drank the muddy water of the Mississippi River, and in forty years he had not been sick. How did he escape "bacillus typhosus"?

D. L. Field, M.D.

Jeffersonville, Ind.

QUERY AND A FEW REPLIES

Editor Medical Summary:

Your editorial on page 164 of August *Summary* on "Pocket Case Drugs" is interesting but I think many physicians would prefer more detail as to indications and doses. I hope some eclectic brother will give us an article on eclectic drugs, giving in a condensed form indications and doses of the most common vegetable remedies grown in the United States. The continually increasing prices of imported drugs will compel the majority of physicians who dispense to resort to the use of our native remedies. I find that many cases that we usually administered opium or its alkaloids to, do well on passion flower, scullcap, valerian and similar remedies.

Dr. Stuver's article on Page 189 is good and to the point, and the subject of dispensing from the physician's standpoint well covered. Regarding healing of umbilical cord on same page, will say that I have found saxonite a natural healing powder; made by the Rainier Mine Co., of Buffalo, N. Y., one of the best drying powders for superficial wounds and ulcerations accompanied by excessive discharge.

Louis J. Pons, M.D.

Milford, Conn.

REPLIES

Editor Medical Summary:

Kindly permit me in some brief remarks of approval to refer to a timely and well-directed article in the *Quarterly Bulletin* of the Missouri State Board of Health, by Dr. Matthews, president of the board; the doctor is in a position to know of what he writes, in urging the enactment of a law requiring a properly finished common school education for medical students, as the public school system of Missouri offers equal opportunity for education of all classes, and if a young man enters the medical college without proper preliminary education, he makes the greatest mistake of his life—conclusive evidence of this statement may be observed frequently in the fields of practice. The first demand which suffering humanity makes of the doctor is, that he be a man, a gentleman in every sense of the word —a conservator of health and life, as well as a bosom confidant and adviser.

The man whose money has purchased the degree of M.D. for himself is usually without confidence in himself or his drugs; he is a most unworthy competitor, ready at the slightest pretext to invoke the law against his competitor, whose qualifications constitute and make him an honest rival; and he always has some fault to find with State Boards of Health and with what he terms "red tape" medical legislation.

It is evidently true that the medical profession has become a power that must be recognized, and justly reckoned with by governments, lawyers, politicians, clergymen and sociologists; all must admit the fact that the medical profession is in a broad sense the builder and strongest defense of the human race, originating methods and procedures for the propagation and preservation of a healthy race, never dreamed of fifty years ago.

In conclusion, I will kindly and briefly reply to Dr. Oldham's argument in the August issue of *The Summary:*

I have been a student of medicine for over fifty years; almost fifty years since I began to practice. I studied medicine instead of money, and have never been prompted by a selfish motive to claim an effect for a drug in the treatment of disease, that I cannot practically sustain today under his or any other man's observation. Many years ago, when the death rate from pneumonia and typhoid fever was something awful, I was called a fool, during a consultation, by a newly-fledged M. D. for predicting that those diseases would be prevented by prophylactic methods, but I have lived to see that prediction verified; I also believed that therapeutic treatment would be evolved that would shorten their supposed limited duration, and this has also developed. I will kindly refer the doctor to my articles on pneumonia, published in former numbers of *The Summary*, and will also say that after many years of efforts to successfully treat pneumonia, I was one of the first, if not the first, to originate, publish and practice as near a specific treatment for penumonia as has ever been originated, both in its early and typically developed stages; it has seldom failed for over twenty years—a very simple eliminative method—and a significant fact is, that during all those years I have not administered a dose of opium or any of its derivatives for the relief of pneumonia pain. My field is open to investigation, and any amount of reference to evidence of above statements can be furnished on request, and if a doctor in his field of practice demonstrates a fact and proves it, time and again, for over twenty years, and it has not been refuted though widely published, he is as good authority for that fact as Dr. Osler, Dr. Tyson, or any other book maker.

The idea of self-limited disease has been effectively exploded so often that I am ashamed to refer to it. I know of no greater mystery about the science of medicine than the M.D. whose money has obtained his degree, instead of his qualification. I believe necessary preliminary education of medical students should be demanded by all medical schools: I have both experienced and proved the fact that a doctor cannot be made out of nothing.

T. C. Estes, M.D.

Bennett, Mo.

TREATMENT OF PSORIASIS

Editor Medical Summary:

I have been much interested in a few cases of psoriasis for the last few months, and have been very much discouraged until lately; I feel that I am on rising ground, in my efforts to relieve. Surely psoriasis is not a local disease, but merely a manifestation of a very serious general disturbance of metabolism; you practically can never expect to get results from a local application, although some of the emollients may be useful as adjuvants. The most valuable and satisfactory local applications in my hands has been equal parts of calomel ointment and benzoated oxide of zinc. I have an idea that if you get acquainted with the possibilities of thyroid extract, you may be able to accomplish very good results in psoriasis—that is, if the extract is not misused. The doses usually administered are far too large, and the failures are charged to organotherapy in general, and not to misapplied information. I have administered one-fourth of a grain, one hour after meals, and it has certainly done effective work in my hands. Find out if there is not some obvious manifestation of disturbance in the internal secretory glands; the local lesion should be covered with the ointment, spread sparingly on lint or surgeon's cotton and fastened on with some rubber adhesive strips to prevent friction and shifting. The patient should be taught what and how to eat; a full-blooded gormandizer should be placed on a rigid diet; the thin anemic person should be placed on a generous diet, and some of the light chalybeates given. The patient should be instructed to have out-door sleeping room, or educated to the standard of knowing the grand value of fresh air, by having his windows open at night, and have his bed in such a position to escape a draught.

We have to use quite a great deal of judgment and care in treating cutaneous diseases; in all cases from whatever cause, see that elimination of all functions is going on normally, and above all, bear in mind the important fact that the reflexes are not to be ignored. More especially in the different stages of eczema of bottle-fed infants, we have striking and practical illustrations of the effect of minute doses of calomel and soda, and the wonderful results of proper food, more especially aided by agents that act as solvents. in the way of medication.

All doctors have met with such cases of intestinal catarrh and colonitis, bordered with aczematous rash, that have made marked improvement after the tube was emptied and rendered aseptic by the proper agents employed. I will ask you to pardon my digression in coming back to the subject of psoriasis again, but I would state in reference thereto, that we must clean house, and see what function is tardy in its action; phosphate of soda, one dram, and five-grain tablet of citrate of lithia, taken together in a cup of very hot water before meals has been lauded extravagantly by my patients, and has given me the greatest satisfaction, and no better eliminator of uric acid is known to me than this. If the patient has formation of gas, ten grains of sulphocarbolate of soda and two drams of the light carbonate, or calcined magnesia is indicated and usually proves quite effective. Test the urine and hunt for causes there.

One of my cases that seemed quite intractable showed marked improvement—the eruption disappeared almost entirely in a three-month course of treatment, and his body is clear now of all eruptions; he had an engorged gall sac, and catarrh of the common duct, a foul yellow tongue, and had only a short time before, a violent attack of liver colic, as he termed it. His treatment was phosphate of soda, two drams before meals, and five-grain tablet of citrate of lithia, taken before meals in a cup of very hot water; also, twenty grains of hydrochlorate of ammonia one hour after meals, in a half glass of water, He was going to have a radical operation performed, as he stated, when "he sold his hogs."

Cases are much benefitted by anti-rheumatics; when it is possible, I instruct my clientele who are affected with psoriasis to take a good soaking in half bath tub of warm water, and one pound of soda bicarbonate and the same amount of coarse salt twice a week. I have given the hydrochloride of emetine, a long and thorough test, with negative results, and I shall in the future adhere to the methods outlined above; although I do not claim a cure as yet, still I have given much comfort and encouragement to many sufferers who are satisfied with the results so far obtained, and they are willing to cling to the anchor of hope afforded them—this covers a period of nearly fifty years of a large and intelligent clientele, and I believe that the treatment I have described will do more for these unfortunates than any within my scope of knowledge. So if the readers think it worth while, and not a waste of time, then "go at it,' as they say out West.

A. V. Banes, M.D.

St. Joseph, Mo.

TREATMENT FOR DYSENTARY

Editor Medical Summary:

The following will be found useful in many cases of dysentery and bloody diarrhea: First, give ten or fifteen drops of laudanum; the next hour, two grains of acetate of lead; the third hour, fifteen to thirty drops fluid extract of ergot; the fourth hour, one or two alcresta ipecac tablets; the fifth hour, thirty grains to two or more drams magnesium sulphate; the sixth hour, twenty to thirty drops of dilute sulphuric acid; after the six doses are taken, repeat same way, or, in other words, each of the six remedies are given every six hours, varying the dose as needed.

The same treatment is of value in various forms of diarrhea, as well as in many cases of menorrhagia and prolonged lochial discharge. If desired quinine sulphate can be added to the sulphuric acid. If the quinine does not seem to be needed, the sulphuric acid and magnesium sulphate can be combined, or, if desired, all three of these drugs can be combined. If the magnesium sulphate and sulphuric acid are combined, this will give two doses at once, and if desired, the tincture of myrrh or Tompsonian No. 6 can be used in place of the missing dose, which is a valuable stimulant as well as an antiseptic. Dose, ten to thirty drops. Emetine could be used in place of the alcresta ipecac (Lilly) tablets, but, as a rule, most patients will prefer internal medication in place of hypodermics.

Ergot is a neglected drug in dysentery. Lead acetate is of great value in controlling hemorrhage from the bowels. Opium is of value in relieving pain and checking discharges. Sulphuric acid and magnesium sulphate correct the liver as well as favoring other good results. The action of ipecac is very well understood. I am aware that this is a "shot gun" treatment, but results is what this line of treatment will usually give.

J. A. Burnett, M.D.

Hartshorne, Okla.

A WELL-MARKED CASE OF RAYNAUD'S DISEASE

Editor Medical Summary:

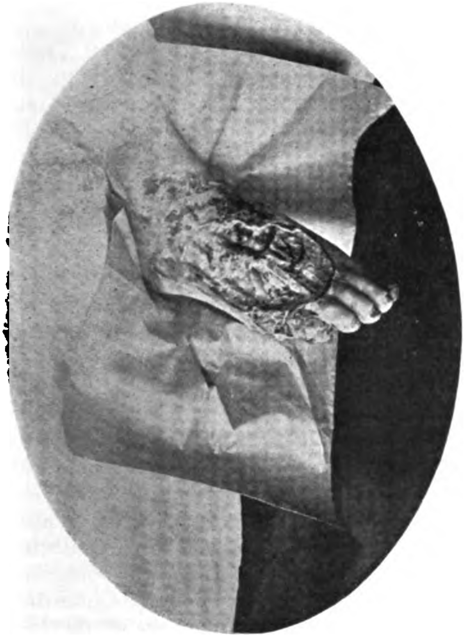
The patient was a young man aged twenty-two. He had grown upon a farm, but just previous to this illness, he took a business course which caused a great amount of worry, anxiety and nerve strain. He was of the nervous type and had never been strongly constituted.

He first complained with numbness of the right foot, which became pale and seemingly bloodless. It was not long until the foot swelled and pained severely. A little later a considerable area on the top of the foot turned black and began to slough away, even the blood vessels sloughing out. There was no connection between this sloughing area and the toes, but several of the toenails came off and the toes themselves sloughed slightly.

Excruciating pains kept up until sloughing was well under way and then gave place to the soreness natural to such a condition.

The accompanying cut is of this case, but not at its worst, as healthy granulations had already begun to form when this was taken.

There was no history of the foot having been injured in any way. No abnormal condition preceded these symptoms except the nerve strain due to the work and worry mentioned above. The urine tested negative and the Wassermann test was also negative.



Raynaud's disease is more common to women than to men, since they are constitutionally most nervous. It is caused by shock, worry, sudden emotional stress, or it may be the reflex condition of some other organ. It results directly from a disturbance of the vaso-motor nerves which shuts off the arteries of the afflicted part. Hence the only way to heal the sores is to re-establish collateral circulation.

The treatment should be of such a nature as to build up the system in general—fresh air, sunshine, tonics—the main object being to restore good innervation and circulation. Local antiseptics should be used to keep down infection in the sore and to promote healing. In this case best results were obtained by the use of echafolta. The sloughing process is slow and considerable time is required in which to establish healthful granulations.

HARRY WERNER, M.D.
Thomas, W. Va.

AWAKENED MUCH INTEREST

Editor Medical Summary:

I had no idea that my brief article in the August *Summary* would awaken so much interest in Reflexology, for during the past week letters have been coming to my desk from a dozen or more States asking for more information on the subject and several have expressed a desire to take a Post Graduate course in Spondylotherapy, and inquiring if I give such a course at my office. My time is so completely taken up by my practice that it is impossible for me to give any part of it to instructing classes at my office and I would advise all who are interested to, by all means, take advantage of the courses that are given from time to time in different parts of the country by that prince among teachers, Dr. George Starr White, of Los Angeles.

CHARLES F. ANDERSON, M. D.
Lexington, Ky.

EMETINE IN PELLAGRA

Among the various suggestions for therapeutic applications of emetine comes one for its use in the treatment of pellagra. In recent numbers of *Clinical Medicine*, A. D. Hilton and A. L. Nason have both reported experience with this alkaloid in the disease mentioned and both declare the remedy of considerable value. Of course, reports are as yet too few to form the basis of definite conclusions, but it can be hoped that physicians in the South will give the alkaloid a quite general trial in these cases. It seems to be a great harmless remedy, and worthy of further study, but at the beginning of treatment it is advisable to use small doses, 1/8 to 1/4 grain being advocated by the editor of *Clinical Medicine*.

If you have a case of orchitis, suspend carefully, apply guaiacol in camphorated oil, in the proportion of a dram to the pint, bandage snugly, and give anemonin in granule form internally.

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

WHAT IS BACK OF THE WAR. By Albert J. Beveridge. Illustrated with Photographs. The Bobbs-Merrill, Co., Publishers, Indianapolis, Ind. 1915. Price, $2.00 net.

The former United States Senator from Indiana, Albert J. Beveridge, whose name is familiar to most Americans, was determined to find out what is back of this great war, such as has never been known in the history of the world, so he went to Europe to find out, as far as one man might, the condition of the great powers at war, and to help him perform the ardious task he had undertaken the several governments extended exceptional opportunities through their civil and military authorities. Mr. Beveridge, in order to get at the root of everything as far as possible, and see for himself, as it were, the then present conditions of things, to get at the thought behind the war, he went into the trenches, among the batteries in action, visited hospitals, prison camps and captured territories, and in this book tells what he saw there. To get at the thought behind the war was his principal object, he interviewed men and women in many walks of life, administrators, authors, philosophers, socialists, capitalists, laborers, peasants, and in this way was able to procure the material first handed, for the admirable volume now before us, which presents to Americans a new aspect of the war, giving authentic data on which to base judgment of motives etc. The conversation the author had with representative men of the countries engaged in the war occupies several chapters, and most of this is part likely to attain permanent historic significance. Among the concluding paragraphs of this very readable and interesting work we find the following:

"The oceans are the common highways of mankind. Their waters belong to all, and no nation, no matter how powerful, should be allowed to destroy exclusively peaceful commerce on the seas. This proposition was advanced at one of the international conferences at the Hague. Among the greater powers Great Britain, France, Russia, and Japan opposed it, and Germany, Austria, Italy and the United States supported it."

TWELVE LECTURES ON THE MODERN TREATMENT OF GONORRHEA IN THE MALE. By Dr. P. Asch (Strassburg), translated and annodated by Faxton E. Gardner, M.D., Lecturer and Assistant Visiting Genito-Urinary Surgeon, New York Polyclinic, etc., etc. Illustrated. Rebman Company, Publishers, 143 West 36th Street, New York. 1915. Price, $1.00.

The contents of this small volume are presented in the form of clinical lectures under the following heads or titles:

1st: Length of Incubation Period; Degenerated Forms of the Gonococcus; Extragenital Modes of Infection. 2d: Abortive Treatment of Gonorrhea; Treatment of Acute Anterior Urethritis by Irrigation. 3d: General Hygienic Rules and Internal Medication in Gonorrheal Urethritis. 4th: Injection Treatment of Acute Anterior Gonorrheal Urethritis. 5th: Acute Posterior Gonorrheal Urethritis. Through Irrigations of the Urethra. 6th: Acute Prostatitis. 7th: Epididymitis. 8th: Serum and Vaccine Therapy. 9th: Chronic Posterior Gonorrheal Urethritis and Prostatitis; Non-Urethroscopic Methods of Treatment. 10th: Posterior Urethroscopy and Endoscopic Treatment of Chronic Posterior Urethritis. 11th: Chronic Anterior Urethritis; Non-Endoscopic Methods of Treatment. 12th: Anterior Urethroscopy and Enscopic Treatment of Chronic Anterior Urethritis; Tests of Cure. It was the author's purpose in the preparation of this book to draw attention to those methods of treatment of acute and chronic gonorrhea and their complications which have proved most reliable in his many years experience as a specialist. In fact, this little book presents the modern therapy of gonorrhea.

FRACTURES AND DISLOCATIONS: DIAGNOSIS AND TREATMENT. By Miller E. Preston, A.B., M.D., First Lieut. M. R. C., U. S. A.; formerly Police Surgeon, City and County of Denver; Surgical Examiner, Colorado State Board of Medical Examiners; Instructor in Anatomy, University of Denver, and Visiting Gynecologist to City and County Hospital. With a chapter on Rontgenology, by H. G. Stover, M.D., Professor of Rontgenology School of Medicine, University of Colorado Member of American Roentgen Ray Society; Visiting Rontgenologist to City and County Hospital, St. Joseph's Hospital and Children's Hospital, Denver, Colorado. 860 illustrations. C. V. Mosby Company, Publishers, St. Louis. 1915. Price, $6.50 net.

The author of this large, handsomely printed volume endeavored to make the reader an eye witness to the various deformities as they appear immediately following the accident, instead of offering him lengthy text in describing lesions. We have not the space at our disposal to present to our readers the many valuable features of this excellent work, but suffice it to say that it will be found an excellent guide to both student and practitioner. It is richly illustrated, with original photographs, mostly taken immediately after the accident. The introduction of Doctor Albee's work on autogenous bone grafting is one of the features worthy of note, and another very important feature is the chapter on Rontgenology by Dr. H. G. Stover. On a whole, this is a very meritorious work, and one that we believe will gain almost immediate popularity, as it lacks nothing in completeness, and it gives us pleasure to recommend it to our readers.

PRACTICAL MATERIA MEDICA AND PRESCRIPTION WRITING, WITH ILLUSTRATIONS. By Oscar W. Bethea, M.D., Ph. G., F.C.S., Assistant Professor Materia Medica and Instructor in Prescription Writing, Tulane University of La., etc., etc. F. A. Davis Company, Publishers, Philadelphia, Pa. 1915. Price, Cloth, $4.00 net.

This is a book containing about 550 pages, and its contents divided into three parts: Materia Medica, Prescription Writing, and part three. Showing illustrations of Incorrect and Correct forms in Prescription Writing (actual examples). Almost a half of this book is devoted to Prescription Writing, and is the most definite and illustrative work of this kind that we have ever seen. The Materia Medica part does not present much on the therapeutic side, outside of a number of illustrative prescriptions; it is based more on a pharmacopeia style. The general make-up of this volume is different from most other books on the same subject, and if anything, more practical. Of course, there are some defects, or rather criticisms that could be made by men of different minds, but on a whole it certainly is a most admirable work, and the part devoted to Prescription Writing could not well be excelled. Whoever wants something on this particular subject cannot make a mistake in procuring this book.

STUDENT'S TEXTBOOK OF HYGIENE. By W. James Wilson, M.D., D. Sc., D.P.H. Lecturer in Hygiene and Public Health, Queen's University, Belfast. Rebman Company, Publishers, New York. 1915. Price, $2.50 net.

This book is based on a course of lectures the author has given for a number of years to the Hygiene Class in the Queen's University, Belfast, England, and intended to meet the requirements of medical students, at the same time it will undoubtedly prove of value to Teachers, Sanitary Inspectors, Health Officers and all interested in Public Health. In writing this book, the author says that the best authorities on the subject in all countries were consulted; while not an exhaustive work, yet it presents the most important, necessary facts and is sufficiently elaborate for general purposes.

By the way, calcium sulphide has long been recommended to prevent scarlet fever and measles. When the children in your community are rapidly coming down with one of these diseases try this remedy. It may surprise you.—*Med. Standard.*

Chronic ulcerations of the colon are benefitted by mercury protiodide, irrespective of any suspicion of specific trouble.—*Russell, Medical World.*

Summary Gleanings

Vinegar is recommended for the purpose of relieving or preventing nausea, vomiting and headache following the inhalation of chloroform.

Dr. Earp, of Indianapolis, testifies to the value of sparteine in the treatment of morphine habit use. Dose, one grain every six hours.

Statistics show that of all cases of syphilis about 5 per cent. are acquired through infection entering at some point other than the genital organs.

A little acetanilid dissolved in brandy and cooled with shaved ice is said to relieve postoperative nausea. A mustard leaf to the pit of the stomach also helps.

Emetine hydrochloride continues to be used enthusiastically in the treatment of hemorrhages of various kinds. Weinstein employs it to prevent postoperative bleeding following nose and throat operations.

A writer in the United States *Naval Medical Bulletin* reports a series of clinical experiments that seem to show that the prophylactic administration of quinine is of little value, failing to protect the men taking the drug.

Magnesium sulphate, given as recommended by Meltzer, is being extensively used in Europe in the treatment of tetanus. Good reports are coming in. It may be given either subcutaneously or intraspinally—the latter by preferance.

For local treatment in boils, there is nothing much better than compresses moistened with bichloride of mercury solution. Used early they will often abort the furuncle. When boils recur, then, of course, the bacterin treatment is to be advised.

Atropin is being used in France as a remedy for suffocation with chlorine gas. A good thing to remember.

In phlegmonous sore throat, phytolacca comp. was found to give excellent results, according to an Illinois physician.

Marroni injects into the interior of tuberculous ulcers the double salts of mercury and silver, in combination with iodine. Excellent results are claimed

The profession has for years swallowed without grimace every synthetic placed upon the market, just so it came from Germany.—*W. N. Mundy, Ellingwood's.*

A contributor to *Clinical Medicine* recommends a trial of emetine in malarial hematuria, in which quinine does not, as a rule, seem to agree with the patient. Who will try this and report?

Autocondensation by the D'Arsonval method increases body heat and general metabolism, elimination, and all secretions, and decreases vascular pressure.—*Eberhart, Chi. Medical Recorder.*

Foot-and-mouth disease attacks camels, chamois, deer, antelope, buffalo, giraffe and llama. So look out for your live stock when the malady prevails.

Foot-and-mouth disease begins with chill, fever, and small vesicles on the mucosa of the mouth. The feet inflame. Vesicles appear on the teats and form fissures. Ulceration extends the vesicles; bedsores develop swiftly. If internal organs are affected, death usually results. The milk is dangerous, thick, slimy, unchurnable. Pregnants abort; the milk stops, and recovery takes 10 to 20 days, or up to a year.—*Dr. Burnett, Eclectic Med. Journal.*

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Vol. XXXVII

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R. H. ANDREWS, M.D., Editor & Proprietor
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No. 9

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ARTERIO-SCLEROSIS

This term is usually thought of as being synonymous with old age. Much is said and written on the subject, but as Mark Twain remarked concerning the weather, "very little is done about it." Hardening of the arteries is the inherent tendency of nature, but the condition is doubtless augmented much by diet, habits and environment. More attention directed toward prevention of arterio-sclerosis would very materially prolong life as well as adding to life's comforts. Stimulating foods, drugs and beverages are contra-indicated where there is an arterio-sclerotic tendency. Foods and drugs and drinks which produce sedation without stimulation come nearer meeting physiological requirements. Milk, fruits and cereals should largely constitute the "old man's" dietary. Pure water should be taken copiously to assist bowel and kidney elimination properly. The aged require more sleep than they usually take. Moderation should be the keynote of the man who has reached the age of sixty. He should have plenty of diversions, plenty of things to keep himself mentally employed, but he should lighten up on all strenuous physical and mental activities. He should begin early in life to "grow old gracefully."

IMPORTANT IF TRUE

A couple of French physicians extol the value of intra-muscular injections of a 25-per cent. aqueous solution of magnesium sulphate in doses of four cubic centimeters daily in the treatment of acute rheumatism. This method of treatment is said not only to relieve the pain, but also lessens the fever and shorten the course of the rheumatic attack. The magnesium sulphate may be given alone or in conjunction with sodium salicylate. Generally four injections suffice to effect a cure.

Suicide occurs between the ages of 20 and 40 about twice as frequently as in those older or younger. Men are more prone to suicide than women. Negroes seldom take their own lives.

A STRENUOUS UNDERTAKING

In the November number of *Cosmopolitan* magazine, in a department called "The Most Difficult Thing I Ever Did," a physician who does not give his real name relates the following story:

"I am a practicing physician in a thriving city in the Middle West and the story I wish to relate here will appear to the average layman to be somewhat 'medicated,' as the good old lady of Boston said of Doctor Oliver Wendell Holmes' unique psychopathic story entitled 'Elsie Venner.' Nevertheless, what I am about to tell is absolutely true and can be verified by reference to medical literature, as it has been reported for the benefit of medical science and has also been quoted in German periodicals.

"I was called about five years ago to a young man about nineteen years old who had just come back from the country, where a few days before he had injured his big toe while running a foot race in his bare feet. I found a splinter of rotten wood buried under the bones of his toe. I removed the splinter in pieces and, after being sure I had all the wood out, I dressed the toe properly. The next day when I called to see my patient I noticed a peculiar grin-like expression on his face, which I knew to be the *risus sardonicus* of medical fame, and which is one of the first symptoms of that most dreadful of all acute diseases, tetanus, or lockjaw, as it is more commonly called. Without alarming my patient I immediately injected into his veins three thousand units of tetanus antitoxin. Then I called his parents aside and told them what was approaching. This young man was an only son, a somewhat handsome, athletic fellow who was idolized by them. And it is needless to say that they were heart-broken; but they left their son to my entire care with a confidence that made my heart ache for them, and I assumed the terrible responsibility with many dismal forebodings.

"After arranging with another physician to take care of my other patients and also with a druggist to get all the antitoxin that could be found in the city, I locked myself up in the room with my patient and acted as both nurse and doctor to him in order not to be disturbed. They had left plenty of food where I could easily get it, particularly eggs and milk which I fed artificially to my patient. I knew that tobacco produced insomnia in me, so I got a supply of strong tobacco, which I chewed to keep awake during the long nights. By this time my patient was having pains in his chest, and all his muscles were becoming rigid and he was throwing his head back with every paroxysm of pain. Every three hours I kept injecting three thousand units of the antitoxin, and as I was running short my druggist got me a goodly supply from another city. My patient kept on getting progressively worse and was now having most violent convulsions every few minutes. With each convulsion the poor fellow would arch into a bow, resting on his head and heels, which was frightful to see. I kept on injecting three thousand units of the drug into his system, night and day, never sleeping for one moment, but working, watching, waiting and hoping for some signs of improvement. The slightest sound would throw him into a violent convulsion, so I had to do all my work quietly. I worked over this poor fellow seven days and seven nights without any sleep at all until I had injected into his veins 112,500 units of tetanus antitoxin, which was the most then ever given to any human being.

"Early in the morning of the eighth day, I joyfully noticed his muscles becoming relaxed and he became conscious and wanted to know 'what was the matter.' Words are inadequate to express the pleasure his parents experienced, when on that beautiful early morning I called them to his bedside and gave them back their boy alive. There is an exquisite pleasure in work well done, it if saves a human life.

"The young man is now a medical student in his junior year and is in perfect health.

"This is the 'most difficult thing I ever did,' as well as 'the thing I am most proud of.' "

THE HARRISON LAW

This law has now been in force sufficiently long for physicians to become in a measure familiar with its intricacies and details. There are eight requirements that must be met in the writing of prescriptions for narcotic drugs. These are the date, physician's full name, his registry number, his address and telephone number, his office hours, the patient's name, age and address.

THE TREATMENT OF PNEUMONIA

The types of pneumonia are so varied in their manifestations due to age, climate, heredity and other conditions that there can be no fixed treatment that will fit all cases. One of the most essential things at the very outset is that of making the patient comfortable and his environment cheerful and hopeful. Nearly all are agreed upon the efficacy of the mustard poultice employed in the incipiency of the disease. It relieves pain and favors nerve and vasomotor sedation. The cantharides paste in some inexplicable manner gives good results, especially in cases of tardy resolution.

The skin should be kept well cleansed. The skin is our greatest emunctory and grease or anything else that retards its activity throws more work upon the other eliminants. Frequent spongings with diluted vinegar or alcohol are of great value.

Usually the absorption of toxins from the alimentary is a strong factor. Intestinal elimination and disinfection should therefore be efficient. Every gland and secretion should be spurred into activity, for pneumonia is much more a general than a local disease. We do not believe there is one physician in a hundred who does not give calomel in generous doses at the very beginning. As an auxiliary eliminant salines are more efficacious than any other drug. The patient should also be induced to take plenty of water, either pure water or in the form of lemonade. An abundance of water favors renal and intestinal excretion as well as diluting toxic matter that is not so promptly eliminated.

As a general rule remedies and measures which favor dermal relaxation give better results than the application of cold. Quinine to the point of cinchonization is a choice treatment with some physicians, but we are inclined to believe that the untoward effects of the treatment sometimes more than offsets the benign results obtained. Aconite or aconitine is our choice vasomotor sedative and veratrine is a near relative. These remedies find an indication in the beginning of the disease in sthenic individuals. Many prefer to fortify these drugs with digitalis or digitalin. Strychnine is a remedy that is so often wrongly employed in this disease and might be compared to applying the lash to a runaway horse. Feebleness of pulse accompanied by depression is an indication for strychnine.

Cough syrups are not conservative. Small doses of codeine or Dover powder may at times be needed for the cough and to produce rest. The old-fashioned treatment for pneumonia was to start the patient off with ten grains of Dover powder and ten grains of calomel. Many will agree that it is not bad treatment even today. Emetin acts very nicely in controlling the cough and producing mild sedation. Carbonate of ammonia was at one time supposed to exert a liquefying effect upon the blood. It has an unquestioned effect in loosening the mucous secretions. It is also a useful stimulant and quick in action when the breathing is embarrassed. The room should also be saturated with the fumes of ammonia, which seem to soften the air and make breathing easier. The patient's position should be changed frequently in order to obviate hypostatic congestion.

Food should be nutritious and easily assimilated, and so far as practicable should be given at regular intervals. Keep the patient in a prone position with his head not too high. Keep up thorough elimination with cleanliness internally and externally. These are simply the editor's suggestions based on personal experience, and not a learned dissertation. Let us have the personal experience of others.

THE PRICE OF DRUGS

Bromide of potassium has advanced from 40 cents a pound to four dollars a pound. Many other drugs have advanced in like proportion. The price of many things is almost prohibitive and scarce at that. Ergot, quinine, santonin, carbolic acid and all anodyne and sedative drugs have gone soaring. The high cost of drugs works a hardship to doctors who dispense. What can be done about it? Perhaps nothing. Do not dispense in larger quantities than necessary and write a few more prescriptions.

Dr. David I. Macht in a recent number of the *Johns Hopkins Bulletin* seems to have demonstrated that the best treatment of carbolic acid poisoning is lavage with sodium sulphate, although it is by no means a certain antidote. —*The Lancet-Clinic.*

LAITY DOCTORS

They are not numerous in large cities, but are much in evidence in small communities. They are solicitors for the welfare of the ailing! Their prescriptions for the sick are as varied and potent as those of the most learned and experienced of physicians. They are *nosy!* Then they know a good doctor, and who is the best one. There may be some doubt among physicians as to the learning and skill of his colleagues; but the "eagle eye and massive brain" of the laity doctor is unerring! They may not be skilled in differentiation, but a little defect like that doesn't stump them when it comes to advising treatment of any disease. Their thought tanks are the repository of potential remedies which never fail! If you have a serious case of sickness on your hands, be sure to *shut them out!*

THE DOCTOR AS A PATIENT

The sick doctor usually makes a poor patient. His knowledge of symptoms introspectively applied is inclined to keep him constantly in "hot water." He cannot forego his self-scrutiny and he worries and wonders whether the right thing is being done for him. The man who is really sick, whether he be physician or layman, is hardly in the right attitude of mind to know what is altogether best for him. So, doctor, if you are so unfortunate as to become really sick, take this tip from those who have traveled the road before you. Rest your case with a reliable physician and nurse and stop your self-analysis. Let somebody else count your pulse and take your temperature. It is folly to attempt the role of physician and patient both at the same time.

Nasal polypi can sometimes be destroyed by—

℞ Acid carbol........................♏iij
Aquæ........................℥j

M. Sig.—Inject a few drops into substance of polypus.—*Sajous.*

As a diuretic in severe anuria or dysuria, inject one-half to one cc. of pituitary liquid intramuscularly, or intravenously in emergencies. —*Harrower, Amer. Med.*

BOILS

Every general practitioner is likely to treat boils in a routine manner. Sulphide of calcium to the point of systemic saturation is orthodox medication. A good many prefer to give nitro-muriatic acid in ten or fifteen-drop doses, well diluted after meals. Nothing is gained by incising a boil too soon. In fact, incision is contra-indicated because it increases the inflammation. There may also be added infections. The time-honored custom of letting the suppuration soften and point before evacuating is still good treatment.

NO AGREEMENT

When the medical practice becomes exact, *i. e.*, as to therapeutics, there will not be such confusion and diversity of opinions as to the appropriate means of cure. Take for example, pneumonia: No two physicians pursue the same line of treatment. Then, appendicitis: One will apply ice to the appendix, and another applications as hot as can be borne. One is about as successful as the other, and the latter decidedly more comfortable.

There is confusion about rheumatism; rheumatism, non-inflammatory, is called "neuritis,' neuralgia, etc. One claims it is caused by germs, and another accepts the Haig theory of uricacidemia. The antacid treatment seems to give as good results as any.

Then in tuberculosis, one will saturate the patient with cod liver oil and hypophosphites, while others will freely give creosote, guaiacol, and metabolized oil. So it goes.

CORRECTIONS

In Dr. Terry's article, November *Summary*, page 262, the first paragraph in right-hand column, should begin as follows: "In septic peritonitis, beginning by using 15 minims with bicarbonate of soda to one quart of sterilized water, increasing the strength to ℥ss, which was more successful than the peroxide," etc. Better take your pencil in hand and make the corrections in your copy of the *Journal* at once. Also in the last paragraph of the same article, insert "*diluted*" between the words "solution" and "that."

Leading Articles

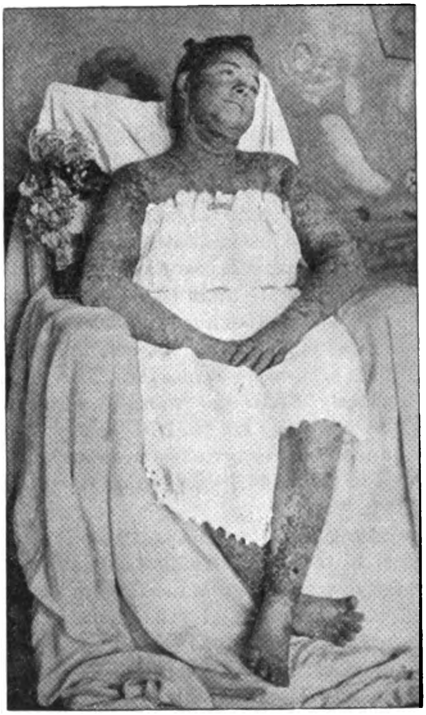
Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

THE HISTORY OF "BETTY," THE ALLIGATOR GIRL; A CASE OF MATERNAL IMPRESSION OR PRENATAL STAMPING OF HUMAN OFFSPRING; OR POSSIBLE ICHTHYOSIS, OR FISH-SKIN DISEASE

By F. Griffith, M.D.

Last January, 1915, the writer was in St. Augustine, Florida, and visiting a traveling tent show on the outskirts of the town, encountered amongst the collection of freaks a cow with an extra hind quarter, hoof, leg, functionating milk-bag and udders swung from the top of the back; beside the cow in the stall was a six-months old heifer calf identically adorned as the mother. The writer offers no word to decide whether or no the cow was maternally impressed or whether the showman believed in suggestion to enhance the reliability of his prize showing in the next booth, "Betty" described as the "alligator girl." Betty, a young human female shown with her mother who acted as a lecturer, informed the auditors gathered about her stand that the exhibit was her daughter; the fourth child of seven, all healthy and well; that the girl was born in southern Georgia, twenty-four years ago; that she neither walked nor talked but crawls or must be carried; that she shed her skin twice a year, and preferred a diet of raw meat or fish. Finally that she was exhibited and styled the only living alligator girl because the girl's skin from the crown of the head to the soles of her feet was plated and closely resembled an alligator's hide. That the plating was real and the resemblance most like the writer can bear out after careful, close and extended and continued inspection and palpation of this young woman. The mother stated that during the seventh month of her pregnancy, while crossing a single log foot-bridge close by her little cabin home in the swamps, a twelve-foot alligator had risen from the marsh, seizing her skirt. Breaking away, she raced screaming to the house, and, after recovering from her fright, had no after-effect until the child was born marked with the unique cutaneous condition presented. There is no crusting nor bleeding nor cracking. The crevices are regular and permanent and the placques outlined as the creasing of the palm of one's hand. The accompanying photograph fails to show the true state of affairs upon the surface of this girl's body. The writer years ago heard in college Prof.



During speak of ichthyosis, or so-called fish-skin disease, but never saw a case to his knowledge if the present instance is to be considered and discarding the mother's circus story as being concocted for commercial reasons. Therefore does the medical profession accept the idea of the possibility of maternal impress to mark the child in utero. Is such explanation too easy for our ponderous science to accept? The writer knows a lady this present day, wife of a New York lawyer, who can show a three-quarter sized gray rat outline mapping across her abdomen. The story goes that her mother lying in bed in the last month of pregnancy was terrified by having a rat leap on her bed and race across her body over the bed covers. Every country doctor can tell a maternal impress story to make the city doctor scoff, but my own present opinion is that maternal impress is possible.

New York, N. Y.

DOES IT PAY?—IS THE MEDICAL MAN'S SKIRTS CLEAR IN THE CONSUMMATION OF THIS ACT?

By J. A. De Armand, M.D.

I note this item in the daily press: "The State of Indiana with the concurrence of the Supreme Lodge of the Knights and Ladies of Honor changed that organization from a mutual to a legal reserve basis, throwing practically the entire excess cost entailed, it is said, on members who are more than 60 years old. * * * The ratio of increase may be judged from that on a policy of $2,000 held by a member. The monthly payment on this policy was formerly $7.10 per month; under the schedule it will be $21.70 per month and the member who reaches 91 years will be required to pay $144.90 per month on a policy of $2,000."

The above excerpt tells a story that will carry terror to many an aching, faithful heart. It means everything to many a man who had hoped to put want and poverty out of the reach of loved ones when he is done with this mortal world. To the man of 70 whose earning power has rapidly declined in the last few years, it means snapping the last cord that remains to what he has, may be paid oh so many assessments in the idle hope that here was a really dependable hope and a safe refuge.

Somebody, maybe of the Josh Billings type, said that he did not take a great deal of stock in the conversion of a man who had got too old to be devilish. My conversion, was, I admit, too long in coming to be of great service, but if I can sound a warning even now that will save some poor fellow mortal from the clutches I will be satisfied. Nearly forty years ago I began the practice of medicine in a small town. About that time an order called the A. O. U. W., took that village much as the measles and other epidemics enveloped it. The most natural thing in the world made me the medical examiner. The strong point with that company was its cheapness. I made out an examination paper as long as the moral law and got the munificent fee of one dollar for it. That is, most of the time, but as I now recall it, I many times got the promise of the dollar only. There was the usual urinary examination, and the usual list of questions to be answered. Reliable insurance companies seldom offered to pay less than three or five times as much for a great deal more business work without half the rubbish.

I do not need to tell readers of *The Summary* what became of the order as it then existed. In later years the C. of H., the W. O. W., and I know not how many dozens of other companies or orders have either squeezed out deserving members or have fallen by the wayside and from the ashes have sprung new fly-by-night orders too good to be true and surely too weak to last.

Does it occur to the reader that the medical order has always and everywhere a constant stand-in with this sort of dishonesty? There is always a medical man close up at the top. The young medic is an easy prey because he has plenty of time, has the need of social opportunities such as these orders offer and of course, he will fall. It rarely occurs to him that he is working for a measly pittance without reason. If he has not the right sort of stuff in his make-up he becomes a humdrum examiner who is not wanted by the reliable insurance company whose business is worth while. I fell for it, and so have thousands of other doctors fallen. A very little bit of careful thought would have told me as it tells you that without a careful, conscientious examination of the applicants, no insurance company is sure to last over night. The reliable safe company of today asks its examiner for a pen picture of the applicant, and it never thinks of asking you as a parting shot "if you were in the business would you insure the applicant."

I am not a disbeliever in life insurance; in fact, I believe that the wise man of the future, when his daughter's hand is sought in marriage will ask the happy man to exhibit a policy in a good, reliable company and a disposition to keep it above water.

Cheap insurance is not cheap insurance because it is not good insurance. It is not sure. It starts out with the idea of furnishing something for less than it is worth, less than the markets of the world say it is worth. It is semi-social—just enough to blind the applicant to the real defects and in the end the cloven hoof shows up and this always at a time when real insurance cannot be had at a rate commensurate with the earning powers of the applicant.

It is in the power and should be everlastingly to the credit of the medical profession, that examinations should be charged for at established rates. Then there would be an end to the never-failing efforts to include in the lodge a weak-lunged man with a beautiful tenor voice, or a woman whose value consists in the ability to lacerate a hesitating tune out of a rickety organ.

To the young practitioner, let there be no mistake in your course in putting principle before temporary gain. There is really nothing in any of the dollar-a-head insurance; you know it is largely temporary or has been such heretofore, and can't be put on the right road any too soon. Be a power in discrediting any plan that has only a temporary and sure-in-the-end failure in store. Insurance is like other articles of commerce—it costs something to maintain and when some enthusiast proposes to furnish it at less than cost, do not be a party to advancing the scheme when neither riches nor glory can come as a reward for your part in the scheme that sidetracks dishonesty too closely for your lasting reputation.

Davenport, Iowa.

Hyper- or hypo-activity of the thyroid may be compensated by the eliminative or reciprocal organs within certain bounds; varying with individuals, beyond which it results in disturbance of nervous, nutritional and metabolic equilibrium.—*W. L. Crosthwait, Texas Med. Journal.*

THE TREATMENT OF DISEASE WITH ELECTRICAL CURRENTS

By Zachariah Garton Jones,
Ph.B., M.D., LL.B.M.E.

A prelude to this article was published in the *Wisconsin Medical Recorder*, in October, November, December, 1914. (A copy of which will be sent upon request.) In that paper I gave a short description of the different forms of electrical currents that are used in medicine, and endeavored to bring out some of the points relative to the commercial uses of this phenomena as well as its general usefulness in the treatment of disease. My object in this paper will be to carry the subject further in its medical phase and to cite a few more cases that have come under my observation which will, I believe, be read with interest by those interested in the welfare of his fellow-man, and especially by those who are seeking the more modern means of relieving the aches and pains of suffering mankind.

A little more than ten years ago, I went forth into the field of medical practice armed with the crude and common every-day weapons used by man in his battle against death and disease. I trusted to medicines and the knife to bring me fame, but frequently I came across a suffering client for which medicines were useless and the knife contra-indicated them; death alone stood out as the ultimate goal.

It appeared to me that something more ought to be done, but I had exhausted all the means that had been given me and was left helpless. I had done all that I knew to do, and had left only the discouraging news, that the future contained but little or even that death itself was only a matter of a short time.

All the older methods of treatment are rapidly being replaced by the newer ones, especially the various physical therapeutic forces, because we obtain results, not by producing artificial symptoms to take the place of the symptoms of which the patient complains, as is the case so frequently when medicines are used, but by bringing about a healthy normal condition of the tissues and organs, by supplying them with natural forces with which to combat the cause of the disease.

As an illustration, a patient will experience a sensation of pain, and for relief will take a dose of medicine—say morphine—he may get relief, but how is it brought about? He simply produces a temporary numbness or paralysis of the part so that the tissue is not susceptible to the sensation called pain. This is improper because the sensation is not an abnormal condition, it is only nature's method of calling attention to the fact that there is something wrong in the tissue or organ, and if we paralyze it and render it insusceptible to the sensation, we are only destroying the message telling us of the disaster and allowing the destruction to go on.

In the case of surgical operations when an organ fails to perform its function, it is taken out. Every organ and tissue in the body is endowed with a certain function and when any part of the body is removed the person is never normal again. One had as well take a wheel out of a watch and leave it out because it got misplaced or out of order. The watch might continue to run, but it would not be right. Each part of the body is to a certain extent dependent upon the other parts, and if some part is taken out or destroyed the entire body is affected to a greater or lesser degree and may, in time, produce other irreparable troubles, which may even call for other parts to be removed—one operation calls for another.

Ofttimes it becomes necessary to resort to medicines for relief of certain symptoms, but if the same symptom repeatedly reappears, it is an indication that there is something more necessary to be done than to produce temporary relief. For example, if a woman is afflicted with painful menstruation, and each month she is obliged to use medicines, she is in time going to become afflicted with some ailment that was produced by the drugs, and besides the disease that causes the pain is very likely to get worse as time goes by. If, in this case, the cause of the pain is an inflammation, it may produce such a destruction that removal of the ovaries and uterus becomes the only means of relief, or possibly the only thing that will save the woman's life. I have seen patients who were addicted to the use of morphine by the repeated use of this drug for the relief of painful menstruation, and who became nervous wrecks as a result of pain and the weakening effects of drugs. I have also seen patients who were wrecks, physically and mentally, as a result of operations. These unfortunates are very frequently incurable by any method, because something has been removed from their body that is essential to health, and when any part of the body has been taken out it is impossible to replace it. It is regretably true that the prevalence of opinion is that the female generative organs are for procreative purposes only, and that unless they are being used successfully for that purpose, they had as well be taken out. This is a sad mistake, especially for the poor unfortunate who has them removed, for the ovaries are secretory glands as well as reproductive organs. The secretion given out by them is one of the best oxygen-producing secretions in the body, without which the blood is deteriorated and the nervous system wrecked.

Case No. 1. Miss A. age 21 a native of Missouri, was referred to me for treatment by one of my former patients. She was small and delicate (weight 93 lbs.) and complained of nervousness, insomnia, constipation, bad taste in the mouth especially in the morning, dizziness, headache, gas in the stomach and bowels, vaginal discharge, irregular menstruation, which she said made its appearance at intervals varying from three to six weeks, and was very scanty lasting usually about two days and sometimes only one, and was attended with cramps. She said that in quantity the flow was about one-fourth what it should be, she had backache, and a feeling of general fullness about the menstrual period, that lasted about one week. She said she had been troubled this way all her life, or *i. e.* since she arrived at womanhood. She told me she had intended going to a physician for sometime but that her mother had objected and had depended on getting medicine from a drug store herself at various times. Upon examination I found considerable tenderness in the region of the ovaries. The uterus was much smaller than normal and displaced into the left side of the pelvis. It was anteflexed and tender, and there was some cervical catarrh. I was unable to locate the left ovary which I attributed to be due to the position of the uterine displacement. I began my treatment to replace the uterus and after the third day I was able to insert a small electrode into its cavity without much trouble. The depth of the uterus was about one inch and one fourth, as against a normal depth of two inches or more. After several days treatment the uterus showed signs of remaining in its normal position and I then began to explore the pelvic cavity in search of the left ovary, but to my surprise I was unable to get any trace of it. I then started treatment to promote nourishment of the parts and to develop the uterus. It began to respond and after about three weeks she began to menstruate during which time I suspended treatment. After the menstruation had ceased I resumed treatment and continued until within a few days of the next menstrual period, at which time I excused her. At the completion of the treatment the uterus had assumed its normal size and position and there was very little discharge. She was sleeping well, all the constipation had subsided, she was not nervous any more, her headache had ceased and the gas in the stomach and bowels had disappeared, but I could not get any trace of the left ovary. I directed her to report occasionally for further examination so that I might find the ovary but it was never found, so I assumed that it was absent. She reported regularly for several months and said that she was feeling better than ever before and that her menstruation was regular and quite free and was painless, there was no discharge and she had gained several pounds in flesh.

Case 2. Mrs. B. Widow, age 48, a native of Germany, was referred to me by a former patient. She gave me a history of having been under the care of three other physicians for about three years who had been treating her for gall-stones and had prepared her for an operation, which, she said, her physician had told her was the only thing from which she could derive any relief. She did not fancy an operation and decided to try some other measure before submitting to it. The chief symptoms of which she complained were sharp shooting pains in the region of the stomach that came on at irregular intervals and were sudden in their onset, lasting from a few minutes to two or three hours and sometimes followed by vomiting. She had a bad taste in her mouth, constipation, insomnia, tired feeling most of the time but especially in the morning, loss of appetite or sometimes she felt hungry but the sight of food would at times satisfy her appetite. She was nervous and said that sometimes the pain was preceded by an attack of nervousness, and that frequently she could stop the pain by taking a little food. On examination I could not find any tenderness over the region of the gall-bladder and there was no evidence of jaundice, however, she at times had a dirty hue of the skin which she called "Mild jaundice." I decided that she was afflicted with gastralgia and advised treatment to that end. At the beginning of the treatment she was so weak and nervous that she could not walk more then a few blocks until she was exhausted. After she had been under treatment about one week she began to improve and began to walk to my office each day for her treatment, after about ten days treatment she would walk to and from my office each day, which was about a three-mile walk. At the completion of treatment, she said she felt quite well and has remained so since, as far as I know, and the last report that I had she had not had any more trouble.

Case No. 3. Miss C. age 15, a native of Belgium, applied to me for treatment for abdominal dropsy and retention of urine. She had been troubled in this way since she was nine years of age and had undergone two operations in her native country for removal of the abdominal accumulation. When I first saw her I could not outline the ribs below the fifth on account of the distention pushing out the abdominal wall. She said she felt so full that she could hardly breathe. She only passed three ounces of urine in 24 hours and it was highly colored and loaded with a phosphatic precipitate. She had a lateral curvature of the spine in the lumbar region. She had some swelling of the eyelids, headache, loss of appetite, and diarrhea.

Westover Building, Kansas City, Mo.

DIFFICULTIES IN THE DIAGNOSIS OF SUBPHRENIC ABSCESSES

By Samuel Floersheim, M.D.

Delicate and arduous is the task of diagnosing subphrenic abscess, especially of the right side. It is well known that many cases are overlooked, yet with painstaking labor and a little ambition a great number of the cases will be noted.

Some of the difficulties in the diagnosis of subphrenic abscess may be said to include the following: The rarity of the cases, which tends to keep this condition out of mind: infrequently thought of during an examination and in differentiation; its insidious onset, chronic character and high and protected position which it occupies, its proximity, on the right side to the liver, to which it may be an intricate part of as regards the physical signs, its position in relation to the diaphragm, lower chest cavity and kidney on either side, and on the left side, its relation to the spleen and splenic flexture of the colon.

There may be no pain and only malaise with some discomfort complained of. On the right side it may be mistaken for enlargement of the liver (congestion, cirrhosis, etc.), or consolidation of the lower area in the chest wall. In a rather acute onset the dullness observed may be mistaken for a beginning basal or diaphragmatic pneumonia.

Severe pains accompanying the abscess may be interpreted as diaphragmatic or basal pleurisy. An acute onset may bring to mind a possible diaphragmatic hernia. Subphrenic abscess may result from continuity or contiguity, from an infected pleura or liver or from remote organs through the lymph and blood streams. An abscess may rupture into the pleural cavity and the diagnosis established only at the operation for purulent pleurisy.

Differentiation must be made from liver abscesses, hypertrophy, congestion and new growths of the liver, impaction of feces and new growths of the hepatic flexure of the colon, empyema of the lower chest, chronic pleurisy, perinephritic abscess, growths of the suprarenal bodies, pleurisy with effusion, enlargement of the spleen, fecal impaction and growth of the splenic flexure of the colon, hematoma, and new growths of the pleura.

In this condition the examination of the blood often is quite disappointing as an aid in the solution of the diagnosis. Chills and rigors are infrequent as are the other usual symptoms of abscess formation.

The article would be too irksome to peruse were the points in the differential diagnosis of subphrenic abscess to be tabulated. Suffice I believe it to be to state that dependence is to be placed upon the chronicity of the condition and the exclusion of other pathological conditions as enlargement of the liver area on the right side, the spleen area on the left side, empyema, new growths, effusion, etc., of the lower chest, perinephritic abscess. In developed abscesses the X-ray should be of material assistance in this difficult of diagnostic condition.

204 West 86th Street, New York

Judicious nutrition and perfect elimination are essential considerations in the treatment of adynamic fevers.—*Ellingwood.*

SHOULD PRACTITIONERS OF MEDICINE BE EXAMINED NOW AND THEN?

By W. M. Alter, M.D.

It is a sentiment expressed by some members of the American Medical Association, at a recent meeting, that practitioners of medicine should be examined in order to ascertain whether they have forgotten what they knew; it is thought that this policy will keep practitioners up to the standard set by the medical schools. This standard, as indicated by the medical college curriculum, is not an indication of progressive, scientific facts, but instead, the things taught are often proved unscientific by subsequent clinical observation.

Science is the group of facts brought to our perception, of the real relation of things, governed by the law of God—an item of scientific relationship with other items of knowledge—say, for instance, that water will run to a lower level; this scientific fact was learned by philosophers of antiquity. It is the same fact today, and we are not likely to forget it, nor do we need to take a post graduate course to impress it more firmly on our minds. If we have once been taught the thermal variation of aqueous fluids, we know how to account for the system which God has placed here to rejuvenate and purify the water we use. A little mental application of the same facts will teach us how to account for the pollution of the air, the water, and the earth. Such facts as the above, then, do not need re-teaching in order to show them anew to the minds of those who have once learned them. Their methods of demonstration being before us, at all times, they are scientific facts.

It was once supposed by medical philosophers that the arteries contained air, and along came Dr. William Harvey, about 1619, and pointed out the fact that they circulated the blood, which God had revealed thousands of years before, was the Life; Harvey, seeing that this Life was under somewhat the same law of hydraulics as other fluids, could easily perceive the fact that it possessed the wonderful property of automatic action—it would be well to remember right here, that for thousands of years before Harvey's discovery in the seventeenth century of the Christian era, the blood had circulated, been spilled, and had been the object of experiment by medical priests.

If a man once learns that there are about 246 different bones in the human body, and about 434 muscles, if he should happen to forget the numerical exactness of these items, or the names of some of them, it by no means suggests that he should leave his patients to suffer while he goes to take a post graduate course, and accordingly pay out money, which if he has been honest to professional instinct, himself, his family or his patients need. He can just as readily review these things from his text-books. If he can review his anatomical and physiological studies in this way, he can also keep up with all the hypothetical theories, which will perhaps share the same fate as all unsupported hypothesis—such as the germophobia or germopathy, which I predict will be looked upon by those of the future as an evidence of superstition in medicine. I refer to the idea that prevails among many, that the germ is the cause of the disease, instead of a provision of the economy to assist *vis medicatrix naturae* in restoring physiologic harmony among the organs, or the condition which we call health. The man who adopts this course, naturally comes to rely upon experience, which is the education of the "oral university" established by our Creator.

If we keep in touch with the text-book, and especially with the independent medical journals, we need never be a back number, unless we permit political medical men to pass laws to obstruct the progress of true American medicine. When we search around for an object which might prompt any organized institution to advocate judicial control of medical education, we can perceive, aside from a professed desire to elevate the standard of medical practitioners, other motives which might enter into the consideration.

I will just mention some things which might attract the mind to such arbitrary meddling with the sacred rights of honest medical practitioners: The necessary struggle the schools have to keep their teachers employed, and to find employment for their over supply of disciples, under the politico-economic conditions imposed on the world today, which is enough to show that medicine is out of order under the present system of economics. It needs re-adjusting, and the environments need to be adapted to its noble function of healing the sick and preventing disease. This function can never be restored in spirit and truth, unless different environments are established. Medical tyrannical monopoly cannot place it in its proper attitude toward the people. As long as the physician has to give his most brilliant mental activities to protecting his financial interests against an over supply of medical men, he cannot exercise the proper sentiment toward the laity; for often, in this respect, he would be prompted to desire plenty of sickness in order that he might earn the bread for his family, and the means for their education. His economic desire would have to be somewhat like this: "Make my neighbors sick, and if they call in another doctor, make them worse, until they have to call me; then let me cure them." I leave it to my readers to note the connection.

Medicine, in pristine times, went hand-in-hand with the priesthood around the altars of the pagan gods, and when Jehovah established the Jewish policy by the hand of Moses, the priesthood retained this feature in regard to public health and morals; even the eugenic welfare of the race seems to be comprehended in the policy—so far as antiseptics and cleanliness is concerned, we did not have to await the advent of Lister to be taught that cleanliness is a useful hygienic measure. We find these very principles incorporated in the theocratic polity, even to the details of diet. Taking notice of the matter, we find that the Bible even informs us that the "blood is the life," and furnishes a statement of the fact that the whole Being is the "living soul brought into sentient being, when God breathed into man's nostril the breath of Life, and man became a living soul"; this evidently disproves the philosopher, who claims that man never becomes a dead soul, but when he dies there is a sentient part of him which lives on after physiological disintegration or death has occurred, thereby trying to support the theory which he started that "man would not die."

Now I believe in a high class education based on facts; that physicians should be required to become qualified in order to become practitioners; also, that the people should be allowed to regulate the practice, and determine the prerogatives to be granted doctors, and whenever any of their methods, customs or theories become detrimental to physical or moral health, they should be retired from practice. The people, laity, is the party to be served, therefore, train them so they can intelligently consider this important matter, and they will be the proper censor of the doctor, as well as every other thing.

It is difficult to eliminate the graft from any judicial program, which might be promoted by any number of doctors designed to protect themselves from the sharp competition, brought about by an overcrowded medical profession, and a financial competitive system, and by hiding their methods from the people by the technical scholastician. I do not think it just to the people, nor to the physicians who desire to serve the people honestly, to place such restraints in their way, as to require them to pay tribute to schools, by forcing them to submit themselves for reinstruction in the many things which their practice has taught them are not scientific. I consider this idea, as well as the one of encouraging a sentiment among the people to help procure legislation to require everyone to be examined every year with regard to physical fitness, represents graft and that for revenue; it indicates shrewdness. Say, for instance, we have about 100,000,000 people, and should this physical examination be required every year, it would make revenue sufficient to keep the politico-medical machinery running pretty well. This I consider wrong also a danger to morals, because of the unnecessary manipulations which involves the delicate question of being examined by one of the opposite sex, unless special provision should be made against this unfair thing.

I will say in conclusion that the word of God informs us that the world, through "its wisdom, knew not God," therefore the philosophies of pagans failed to establish their theories as the truth. And in this connection, we might mention the physicians in the days of our Lord, to whom the woman applied for healing; she had suffered many things of many physicians; had spent all that she had, and was nothing better, but rather, grew worse. (Mark, 5th Chapter, 26th verse.)

England, Ark.

The psychologist believes that a trait not specially desired by the individual need not be carried on through his life, but, by a proper handling of environmental, unconscious and hereditary factors, such harmful traits can be corrected, "sublimated," and the energy diverted into better direction.—*Texas Med. Journal.* Otherwise—behave yourself!!!

CANCER—A THEORETICAL AND EMPIRICAL STUDY AS TO ITS ORIGIN

By A. T. Cuzner, M.D.

Cancer Growth

Cancerous growths, whether of vegetable or animal origin, have this in common, viz:

A peripheral growth of tumor cells out of pre-existing tumor cells, with absence of any capsule, or well-defined limit to growth. (This growth is classified according to the nature of tissue in which it is found connected.)

It is injurious and extra-physiological, and the cell itself is the only visible parasite.

Von Dungern discovered that when a round-celled sarcoma of the dog was grafted on the fox, the resulting tumor consisted of fox-cells only. Here is a true case of infection. We also cite the following:

"We can say that cancer is not due to a specific parasite, or parasites, but, on the other hand, we can say that cancer cells themselves act as parasites."—*Dr. Charles Powell White.*

"The whole basis, objective and theoretical, of the cancer parasite has been traversed again and again, with the uniform conclusion of those who finish the journey that cancer parasite is the cancer cell itself."—*Dr. James Ewing, in his "Cancer Problems."*

"Cancer Bodies: There exists, in fact, a very remarkable series of localized degenerative changes in cancer cells that have been the cause of active controversy for now close upon 20 years; nor can it be said that the controversy is as yet at an end, although the main body of pathologists of all countries now are of the opinion that these appearances are degenerative and not parasitic."—*Adami Principles of Pathology, Vol. I.*

The following is from an article by G. H. A. Clowes, Ph.D., found in the 4th annual report of the cancer laboratory of the State Board of Health of New York

"The third and only explanation of proliferation of the cells of malignant tumors as being due to the action of some toxic body which has any significance or is in any way borne out by the facts with which we are acquainted, is that the cell in question has become infected with some type of parasite which itself proliferates and which produces toxins which in their turn react upon the host cell, compelling it to undergo subdivision in self-defense.

"It must be borne in mind that the encounter taking place under such circumstances between the host cell and the parasite which has been introduced is one in which the excreta of the parasite plays a very important part.

"It is by this means alone that the parasite is enabled to protect itself against the forces normally possessed by the cell whereby the latter is enabled to destroy and assimilate or eject any foreign body finding its way into its protoplasm.

"The parasite being once established naturally proliferates and its excreta and the toxins which it probably produces cause such inconvenience to the host cell, that in order to diminish the number of parasites per cell and consequently the concentration of toxins the cell itself proliferates.

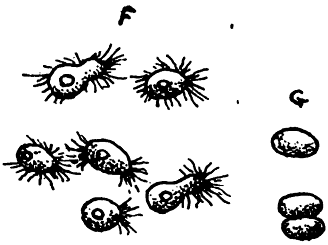
"It then becomes a question of the relative speed at which the host cells and the parasites within them proliferate, and the relative toxicity of the excreta of the parasites as to whether the host cells by continual proliferation eventually succeed in entirely overcoming the parasites, or whether owing to a uniform and continuous subdivision both of the host cells and parasites an exact condition of equilibrium is established; or whether, a third alternative, the parasite succeeds in entirely exhausting the cell, in which case the parasite would in all probability form some type of permanent sore which would no longer produce toxins capable of affecting the surrounding tissue."

The writer's view, which we believe will be sustained further on in this thesis, is, that the cancer cell was formerly a normal cell, or a descendant of such, which has taken on an abnormal and degenerating condition, the result of extra stimulation from either a toxic excitation starting from within the body, or from an inoculation from without, or from a parasite invasion from without of either a bacterium or a protozoa, or from trauma.

We will now examine the role played by the parasites of vegetable origin (the lowest form of life known to scientists) in the development of cancer. After which we will consider the protozoa, likewise as an infecting agent of cancer.

Upon investigation it has been found that certain parasites of vegetable origin have the power to so infect certain plants the result of which is morbid growths of a cancerous nature.

One of these, we illustrate, is named Plasmodiophora Brassicæ.



Shows, very highly magnified, Mycetozoons-Plasmodiophora Brassicae *a* and others *b* enlarged, and in the act of conjugation.

Vegetable Tumors

Dr. Roswell Park enunciated in the "*Medical Record*" a number of years ago "that he believed (I quote from memory) cancer cells are but normal cells diverted from a normal life by some morbid material, or excitation from without, and that so far the evidence tended to an indication of an infection from the spores of fungoid growth."

The most common form of vegetable tumors are nut-galls. We have already briefly mentioned these growths in a former portion of this article,

Among the many parasites affecting vegetable growth, the Plasmodiophora Brassicæ is the most common. The growths following the infection of these parasites are known as clubroot, hanburies, fingers, toes, etc.

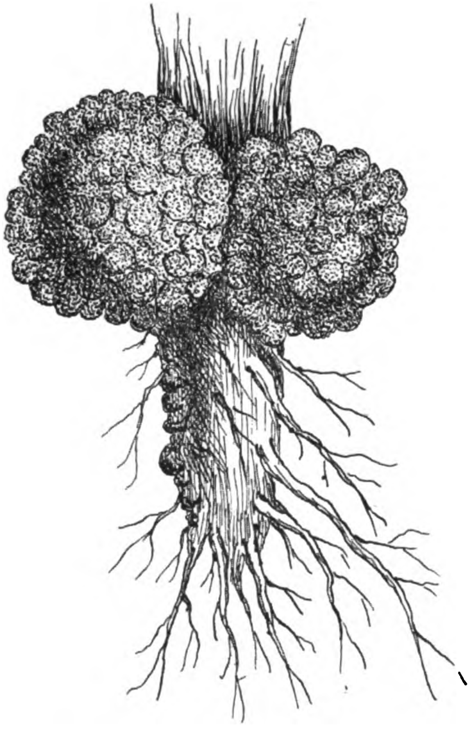
Extensive researches detailed by Dr. Horace Packard, in "Surgery Gynecology and Obstetrics," February, 1913; in this paper he describes parasitic growths on trees bearing resemblance to tumors occurring in human beings. We have not introduced the illustrations referred to in our text they are to be found in the "journal" as indicated (A. J. C.)

One group of the illustrations accompanying this article shows a series of vegetable tumors caused by a deposit of an insect ovum upon and among vegetable cells.

On page 194 is shown a large growth of arceuthobium pusillum (witches' broom) on spruce trees due to parasitic infection by the dwarf mistletoe. Another picture on the same page shows very large masses of "carcinoma qurcus rubræ," a tree cancer found in great abundance among the red oaks of Cape Cod, and caused by the bacillus phytophymato.

On page 196 are shown vegetable tumors of bacterial origin (bacterium tumefaciens) found on the daisy. All these were artificially produced by inoculation with pure cultures of the germ derived from the plant tumors, and shown in the illustration.

A case of multiple melanosarcoma of the author's is shown on page 197, side by side with a picture of the red oak trees affected with the tumors, and they bear a striking resemblance. These tumors, it seems, bear a striking resemblance to nut-galls formed on oak trees, by punctures made by insects and from which tannic acid of commerce is derived.



Cancer on Beet caused by Plasmodiophora Brassicae.

Cancer Tumors in Plants

Tumors in plants are likewise the result of other exciting causes than the sting of insects. From the investigations of Italian scientists, a fungoid form—blastomycetæ—has been found in vegetable tumors, which when cultured and afterwards inoculated in animal tissues produced tumors which bear the strongest possible resemblance to those neoplasms from which the cultures originally were made.

Sanfelice has produced the small tumors in numerous of the smaller animals by injection of his saccharomyces. It is most interesting, also, that some of the blastomycetæ which he discovered in tumors were identical with those found upon the common lemon, which grows so abundantly upon Italian soil. Among the experiments, he injected the saccharomycis into the mammary gland of a bitch, which lived for fourteen months, and then died with definite tumors in the gland and with metastases in various organs. Also, after injecting this culture into the abdomen of guinea pigs, he saw them die in from twenty to forty days as a result of neoplastic lesions, while when injected beneath the skin, it killed the animals in from thirty to fifty days, with local manifestations.

In the light of ascertained facts governing the relation between plasmodiophora and the plant cell, and as we turn to the condition as we find them in cancer in man and animals, we perceived that a series of analogies are developed which indicate that in plasmodiophora we have a parasite capable of producing, by its presence and excitation, cancer in man. This inference is further sustained by the fact that inoculation with the plasmodiophora in animals produces cancerous tumors. In summing up the evidence, the result of inoculation of animals with the plasmodiophora brassicæ, Dr. Harvey T. Haylord has this to say, viz:

"First: It is possible to produce by inoculation with infusion from Plasmodiphoræ Brassicæ, tumors in animals, thus, for rabbits and guinea pigs.

"Second: These tumors are of mesodermic origin, and in the progressive stages are similar to large celled sarcomata or endotheliomata.

"Third: These tumors are the result of a marked hypertrophy and proliferation of the fixed connective tissue elements."

Hektoen (*Journal of Experimental Medicine*, vol. III, p. 26) records a case of dermatitis caused by a blastomyces. The patient was a man aged fifty-six, whose affection dated from four years previously, when a red spot appeared on his legs and gradually extended; this was removed by operation. A year before he was seen by Hektoen, a warty growth appeared on the hand. Sections of the affected part showed blastomycetes; these were also grown in cultures, forming mycelia.

The described organisms differ in many points from those described by Gilchrist and Stokes (*Johns Hopkins Hospital Reports, vol. I*) but the histological changes caused by them were similar.

Rats and mice subcutaneously inoculated from this died in five days, and the organisms were regained from the point of inoculation, but not from the internal organs; a dog experimentally used proved refractory to the organism.

The suggestion that cockroaches may disseminate a *contagium vivum*, that induces the formation of cancer tissue has of late been advanced by two European investigators independently.

W. Melvill-Davidson, of Great Britain, believes he has ascertained that a certain alga gives rise to this malady.

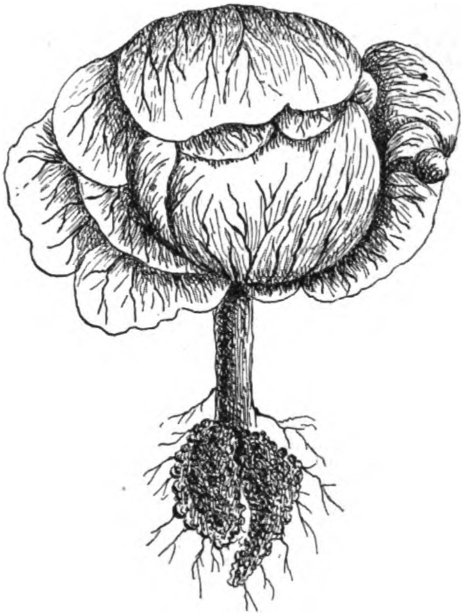
In the biologic laboratory of the United States Department of Agriculture there has been isolated a specific vegetable parasite which Smith and Townsend feel confident is the causative factor in the production of plant cancer.

As stated in another portion of this paper, the cancer cell was formerly a normal cell, or a descendant of such, which has taken on an abnormal and degenerating condition, the result of extra stimulation from either a toxic excitation starting from within the body, or from an invasion from without of toxic materia or a parasite, a bacterium or a protozoa, or from trauma.

"Cancer unquestionably begins as a local infection of the epithelium and at some stage of the disease, yet undetermined, the organisms apparently find their way into the general circulation, and, after death, can be found in all the organs of the cadaver."

We believe this infection is mainly the result of excitation from without, this excitation being not always confined to one individual specific cause.

For this excitation to be effective, it is necessary that there should be a favorable soil, or virus in which it can work successfully as a cancer producer. In other words, we believe it is the internal condition of the organism of its organs, tissues or cells, that alone determines the character of the diseased condition; that the impulse that comes from within or outside is only an exciting cause. Hence there must exist a fundamental internal organization; that is to say, a predisposition to accept or welcome such. Since also the physiological manifestations remain the same, while the character of the stimulus varies, the true cause of the manifested disease must lie in the internal organization.



Cancer on root of Cabbage caused by Plasmodiophora Brassicae.

The intrinsic predisposition is physiologically the true and efficient cause of both the normal and abnormal processes of life; a favorable soil, or nidus, in which it can work successfully as a cancer producer.

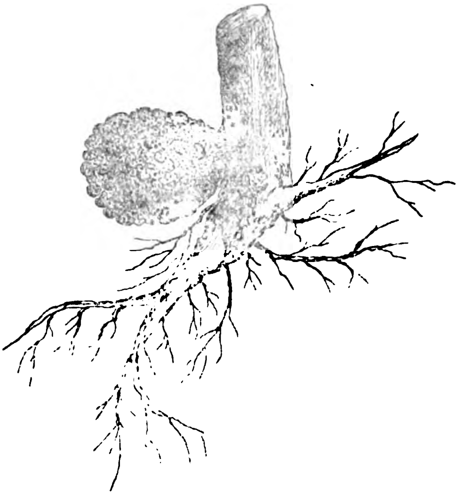
Now there are certain cancerous tumors found on plants, the substance of which being introduced or inoculated, into living animal tissues produces typical cancerous tumors in such tissues. In these vegetable tumors a certain organism has been isolated that seems to be intermediate between the animal and vegetable kingdom. (See illustration.)

Woronin gave it the name of Plasmodiophora Brassicæ, and classified it among the Myxomycetes, an order of uncertain position but generally viewed as lying midway between the animal and plant kingdom.

Dr. Barry considers this order to belong more properly to the animal than to the plant kingdom, and has suggested the name Mycetozoa, which, according to more recent classifications, is preferable. Certain groups of these organisms present characteristics which identify them with the lowest forms of plants, while others present characteristics which unmistakably indicate that they are of protozoan nature. To this last group undoubtedly belong Plasmodiophora Brassicæ. Doflein so classified the organism, and in fact places the order Mycetozoa under the *Rhizopoda*.

Now, as yet, there being very little known of the cycle of life history of this organism, may not the statement given above of Prof. Hueppe be in order, viz:

"Typical forms recur only under quite definite conditions, and that they vary according to the media in which they are growing. ****That the prevailing form of a given species may thus be assigned to one group or another, according as it has been taken from one or another medium.*"



Cancer on cabbage root caused by Plasmodiophora Brassicae

In Dr. Horace Packard's pamphlet on "*A Possible Factor in the Causation of Cancer,*" on page 20, we have the following:

"I would like this thread of thought to run through your minds, viz: That a living potential cell has been planted among living cells of another kind. With the continuation of life of both of these parasitic cells and the host cells, there is an enormous multiplication of the host cells and tumefaction or tumor. The pathological process is identical in both plant life and in animal life, and I feel warranted in announcing this influence of a potential cell upon other cells of a different kind as a law of nature."

From the preceding evidence given in this article, it appears to the writer that there is a pre-cancerous stage, or preceding condition of the human victim to this disease. How this predisposition is brought about we are yet in the dark, although certain conditions of living seem to favor its development when there is adequate inoculation, or trauma.

The following of Dr. Samuel King, likewise from *The Medical Summary*, particularly sustains our contentions:

"The main diet of many of these cancer patients is often chemicalized, benzoated, sterilized, bleached, preserved, canned, etc. This excess of nourishment, taken into the blood, forms urates and phosphates which weaken every nerve cell of the body. It obstructs and impedes the circulation, and hence the cancer patient has a weak, discouraged pulse, cold extremities and a general lassitude that comes from this overfed condition. Through this weakening and breaking down of the nervous system, the chemistry of the body and the activity of every gland is disturbed. (Cancer and insanity go together. In Chicago, where insanity has increased the fastest in the world, cancer has increased 8.12 per cent. from 1861 to the present time.) The blood becomes depraved, as shown by the color of the skin, the pearly tint of the eye, and the coated tongue. When the above condition of the system exists, any injury, bruise, constant irritation which weakens the tissues at any point may become the seat of a uric acid tumor and finally an ulcer which for want of a better name, has been termed cancer, but which I believe is only a symptom as stated above. Therefore I contend that any treatment for cancer that does not have for its object the correcting of the above conditions by the proper internal as well as external therapeutic measures and diet will always be a failure. I know whereof I speak, for I am curing 75 to 80 per cent. of my cases using internal medication as the basis of my cures."

We do not, therefore, believe this disease is inherited. However it is in evidence that those whose ancestors were victims to tuberculosis are more liable to this disease. (Doubtless children of cancerous parents are more liable to this disease than others; conditions being equal, such as environment, infection, inoculation or trauma.)

Dr. Frederic Klein says:

"Working in the research laboratories for years on the same topic—cancer—the result of all my chemical study has exhaustively taught the fact that the excessive absorption of oxygen, hyperoxidation at the seat by the neoplasm or growth, and the reduction of the sulfones, cystin and taurin, in the liver in connection with the decomposed blood-fibrin compounds in the spleen, are the main causative factors of the disease."

Dr. Horace Packard believes that a predisposition to cancer growth is brought about by a lack of mineral elements in our foods, and goes on to say:

"Modern organic chemistry and physiology teach that the mineral elements of plant life are absolutely necessary to the highest degree and type of animal life and maintenance of health and vigor and resistance of disease."

He then cites cases of beri-beri that could be traced to the excessive use of white, demineralized flour, and further:

"Since this article was written (1913) reports have reached the writer from Drs. Wilfred T. Grenfell and John M. Little, who are engaged in missionary work on the Labrador coast, that the introduction of refined flour and its wide adoption as a staple article of diet by the natives has been followed by many cases of beri-beri, and that *an increasing number of cases of a cancerous nature have been noticed this spring.*"

INFECTION

Admit for a moment that cancer is the result of an infection by a parasite of one or more cells, as a commencement. This parasite finding a congenial home, proceeds to proliferate. In this act it produces toxins which in their turn react upon the host cells, compelling them to undergo subdivisions in self-defense. It must be borne in mind that this encounter, taking place under such circumstances, between the host cells and the invading parasites, which have obtained an entrance, is one in which the excretia of the parasites play a very important part. It is by this means alone that these parasites are enabled to protect themselves against the normal resistant forces of the cells, which force enables these cells likewise to assimilate, destroy or eject any foreign body finding its way into their tissues. These cell forces are termed opsonic. These parasites, being once established, naturally proliferate and their excretia and the toxins which they probably produce, cause such inconvenience to the host cells, that in order to diminish the number of parasites per cell, and consequently the concentration of the toxins, these cells proliferate. It now becomes a question of relative speed proliferation between cells and parasites.

Cancer on Daisies caused by Plasmodiophora Brassicae

CURE

During a practice of over 50 years, we have been called upon to treat both medically and surgically many cases of cancer. With many others of my professional brethren, I have believed that only early extirpation by the knife gave any promise of a cure. This belief has been rudely shaken by results. One typical case will suffice; the patient, a negro:

When he called on me for treatment, it was for a small, hard lump on his right breast, which he complained gave him great pain. I diagnosed it as hard cancer, and advised its removal by an operation at the county hospital. This operation was successfully performed the next week, great care being taken to remove all the tumor tissues (which was circumscribed in form), for we thought if we could remove the entire tumor, and its surroundings, even down to the muscle, we could hope for a permanent cure. The wound healed nicely and the patient remained in good health for about six months, when the disease made its reappearance—not as before as a hard lump, but by a breaking down at one portion of cicatrix. It then rapidly progressed to a fatal termination.

Dr. Boyce D. Brooks, in *The Medical Summary* of July, 1915, believes he has found a specific treatment for cancer that has proved very successful. We give a brief summary of his article below. He says:

"Feeling that there must have been provided a remedy for every ill to which man is subject, I began to wonder whether there was anything that would fortify the surrounding tissue against the further invasion of this rapidly destructive process, when it occurred to me that nuclein, given intermuscularly, in association with iron and arsenic taken internally, might prolong life, if not affect a cure. Upon his second visit, and after I had explained my views, I offered to give him the treatment, provided he would keep it up for a period of not less than six months, if necessary; this he agreed to.

"The following morning I took the patient to one of our most eminent of physicians and surgeons, a man of more than national reputation, who declared: 'It is simply folly to waste your time with what you know to be a hopeless task; he cannot last three months."

"This was discouraging; however, I undertook the treatment. The patient was given his first injection the 10th day of September, 1902; and these injections were continued daily for two months, and then on alternate days. Owing to the extreme rigidity of the muscles on this side of his face, he could not separate his teeth, so he was forced to live on liquid food for eleven months. This gentleman now resides in England, is 59 years of age, and is in perfect health."

The doctor goes on to say:

"Encouraged by the results in this case, I determined to try my plan on other forms of malignant disease." He then recites his successful experience of a number of other cases of the like nature, and tells how others have tried this plan with equal success, and reciting the following.

Tumor on Grape Vine caused by Plasmodiophora Brassicae

"Dr. J. M. G. Carter read a paper before the section of medicine of the Illinois Medical Society, at Springfield, May 15-17, 1906. Dr. Carter states that for a number of years he has used nuclein with such success as to lead him to hold it in high regard as an agent for treating malignant growths, and other low dyscrasias."

Dr. Brooker also quotes as follows:

"Dr. Ernest La Place says: 'The real efficient treatment of cancer must depend upon altering the nature of the tissues, so as to make them resist, or in other ways be unsuited to the development of what may be the cause of the disease; until such preventive or alterative treatment is found.' "

Again quoting, Dr. Brooker says:

"In an article appearing in the New York *Medical Journal*, Dr. A. S. Atkinson has this to say concerning the value of nuclein in the treatment of cancer: 'I believe that other treatment would be valueless without help from this agent.' " Dr. Brooker further says:

"The effect of serum treatment is yet doubtful. Radium is believed to be useful in most dermatoses, but it is stamped by many as a failure. Many of our best surgeons agree with Czernay, of Heidelberg, that 'Surgery can never be an ideal cure.' So after all, we must agree with Professor F. C. Wood that 'the attempt to cure with drugs is, after all, the line on which we are working.' "

The writer's belief is that the want of success in the treatment of cancer by the X-rays or radium is due to the difficulty of properly adjusting the amount of these remedies required for a cure. For, if on the one hand these applications are too powerful, we then destroy not only morbid growth, but sound tissue likewise. On the other hand, if these applications are too weak, we then stimulate both sound tissues and morbid growths.

We think the following will not be amiss in this thesis:

"The great astronomer Camille Flammarion, in experiments as to the effects of different colors on the development of plants, found that red light greatly enhanced the growth of the plants, while blue retarded their growth. He found he could alter at will the shape and color of leaves as well as the form, and even the odor of the blossoms. Yet all these modifications were but departures from the normal, and were symptoms of disease. These modified plants were unhealthy and were short-lived."

However, these experiments are invaluable from a scientific standpoint. For, if we can alter at will the growth of plant tissues by the means of different colored lights, may we not likewise alter and correct morbid growths of animal tissues? Some work has been accomplished already by the use of violet rays.

Gilmore, Fla.

There was a time when lack of knowledge of drug action and drug application was, perhaps excusable. It is so no more.—*Ellingwood.*

WOULD WE CHANGE IT?

By D. L. Field, M.D.

"Backward, turn backward, O Time in your
flight,
Make me a child again, just for tonight."

These lines remind us that many things we have done, we would not do over again, and many things we haven't done, we would do, if we could recall the years that have passed. Who would be satisfied to relive the past? Would we improve on it? The writer has passed his seventy-second mile-post, and is free to say if he could go back to his boyhood he would avoid many errors of youth. He has studied hard, and has learned a great deal from books; but from experience he feels that his life has not been the success it might have been. If we could be more serious, more careful, more devoted to a purpose, our careers would be greater a success. If the young could realize the importance of singleness of purpose; application, industry and ambition, what a difference it would make toward a successful life. The trouble, as we look back, is we did not profit by the experience of others; did not heed the counsels of our elders; and did not early enough pursue a definite purpose with that determination to win, that brings rich rewards in the end—such as honor, success and wealth!

The rising generation aims no higher than the preceding ones; but if anything, they are worse; as this is a pleasure-mad age, and the fewest number of young men have any ambition or determination to make a great success in some honorable calling. On the contrary, in the towns they congregate on street corners; waste precious time at clubs, and drift on to failure! The writer is guiltless of such wasted time; but in the light of the past, he ought to have been more industrious and ambitious.

Jeffersonville, Ind.

Solutions of trypsin are available for injection into localized tuberculous infections, the benefit being often marked—*Harrower, Amer. Med.*

Severe after-pains may be controlled by a single dose of pituitary liquid. They rarely follow labor when this remedy has been given. —*Harrower, Amer. Med.*

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

WHAT PATIENTS WITH TOXIC GOITER SHOULD DO AND WHAT THEY SHOULD NOT DO

The following will apply either before or after a toxic goiter is operated on.

You should avoid all excitement or irritation. Keep from work or pleasure that would cause you to become nervous or excited. Be very cautious about your exercise.

You should not take any alcoholic drink; no tea or coffee; no tobacco.

You should not eat any of the red meats or any kind of broth or soup made from them.

For your diet you may use a great deal of milk and things made with milk. Eat butter, eggs, stale bread, rice and all other cereals well cooked; chicken or fish only with the consent of your physician.

Eat an abundance of cooked fruits and vegetables. Very ripe, raw fruits and fruit juices are allowed.

Milk, butter, cream, and buttermilk are especially good for you.

Drink an abundance of good water; if you are not sure of its being good, boil it for twenty minutes.

Get all the fresh air you can both night and day; live out of doors as much of the time as you can.

You should have abundance of rest; go to bed early and take a nap through the day.

For a patient after operation for toxic goiter: much depends on the success of the operation in your after care. Keep in mind your diet and avoid exhaustion, either mental or physical.

Most of the above I gathered at Kocher's and Ochsner's clinics.—*Dr. G. P. Coopernail, of Bedford, N. Y., in Med. Record.*

An ointment composed of equal parts of stramonium and simple cerate, is very efficacious in the treatment of hemorrhoids.

USE OF SALICYLATES IN CHILDREN

The following formula from Gillet are quoted by *Med. Standard*, in prescribing salicylates for children:

℞ Sodii salicylatis	gr. viiss
Syr. aurantii flor,	
Aq. destil	āā ℥j

M. Sig.—One teaspoonful every hour in a little milk.

The amount of sodium salicylate in the foregoing prescription can be varied according to the age. When a mixture cannot be administered, suppositories may be used:

℞ Sodii salicylatis	gr. viiss
Olei theobromæ	ʒj

M. Ft. suppos. No. iv. Sig.—To be used at equal intervals in the twenty-four hours.

Another formula may be used as a local application to the joints:

℞ Methyl salicylatis	gr. xv
Menthol	gr. iij
Petrolati	℥j

M. Sig.—Apply locally around the joints, the whole being covered with cotton wool and waxed taffeta; or:

℞ Acidi salicylici	ʒiiiss
Spts. terebenthinæ	ʒiiss
Lanolini	ʒiiss
Adipis	℥iiss

M. Sig.—To be applied locally to the joints.

Echinacea applied to mosquito bites gives almost instant relief.

PUBLIC HEALTH SERVICE DISCOVERS CAUSE AND CURE OF PELLAGRA—PELLAGRA CAUSED BY INSUFFICIENT PROTEID FOOD

During the past month it has been announced by the United States Public Health Service that as a result of continued research and experiments, both the cause and the cure of pellagra have been discovered; and it is regarded as one of the most important achievements of medical science in recent years.

The final epoch-making experiment of the Public Health Service was carried out at the farm of the Mississippi State Penitentiary, about eight miles east of Jackson, Miss., and together with the previous work of the Service, completes the chain in the prevention and cure of the disease. The work at the Mississippi Farm has been in charge of Surgeon Joseph Goldberger and Assistant Surgeon G. A. Wheeler, of the United States Public Health Service. The farm consists of 3,200 acres in the center of which is the convict camp. The final experiment was undertaken for the purpose of testing the possibility of producing pellagra in healthy human white adult males by a restricted, one-sided, mainly carbo-hydrate (cereal) diet. Of eleven convicts who volunteered for this experiment, six developed a typical dermatitis and mild nervous gastro-intestinal symptoms.

Experts, including Dr. E. H. Galloway, the Secretary of the Mississippi State Board of Health, Dr. Nolan Stewart, formerly Superintendent of the Mississippi State Hospital for the Insane at Jackson, Dr. Marcus Hause, Professor of Dermatology, Medical College of the University of Tennessee, Memphis, Tenn., and Dr. Martin R. Engman, Professor of Dermatology in the Washington Medical School, St. Louis, Mo., declare that the disease which was produced was true pellagra.

Prior to the commencement of these experiments, no history could be found of the occurrence of pellagra on the penitentiary farm. On this farm are 75 or 80 convicts. Governor Earl Brewer offered to pardon twelve of the convicts who would volunteer for the experiment. They were assured that they would receive proper care throughout the experiment, and treatment should it be necessary. The diet given was bountiful and more than sufficient to sustain life. It differed from that given the other convicts merely in the absence of meats, milk, eggs, beans, peas, and similar proteid foods. In every other particular the convicts selected for the experiment were treated exactly as were the remaining convicts. They had the same routine work and discipline, the same periods of recreation and the same water to drink. Their quarters were better than those of the other convicts. The diet given them consisted of biscuits, fried mush, grits and brown gravy, syrup, corn bread, cabbage, sweet potatoes, rice, collards and coffee with sugar. All components of the dietary were of the best quality and were properly cooked. As a preliminary, and to determine if the convicts were afflicted with any other disease, they were kept under observation from February 4th to April 9th, two and a half months, on which date the one-sided diet was begun.

Although the occurrence of nervous symptoms and gastro-intestinal disturbances was noted early, it was not until September 12th, or about five months after the beginning of the restricted diet, that the skin symptoms so characteristic of pellagra began to develop. These symptoms are considered as typical, every precaution being taken to make sure that they were not caused by any other disease. The convicts upon whom the experiment was being made, as well as twenty other convicts who were selected as controls, were kept under continuous medical surveillance. No cases of pellagra developed in camp excepting among those men who were on the restricted diet. The experimenters have therefore drawn the conclusion that pellagra has been caused in at least six of the eleven volunteers as a result of the one-sided diet on which they subsisted.

On the basis of this discovery, the States of Mississippi, Louisiana and Florida have laid their propaganda through their respective boards of health for the eradication of the disease.

HE WHO HAS APPENDICITIS

The victim of appendicitis is not the hard-working, healthy individual, who devotes his life to physical effort, but it is largely among individuals of leisure as well as clerks, bookkeepers, brain workers, and of those who do not indulge in manual labor or in physical effort, who walk but little, who suffer from inactivity of the intestinal structures, from insufficient secretion of the gastric fluids to secure proper digestion; who have sluggishness in the action of the liver, and a general accumulation of the products of the eliminative function within the system which results in lack of tone, and in permanent inactivity. Constipation is very common among these.—*Dr. Ellingwood.*

PREPARATION FOR ABDOMINAL OPERATION

1. Tasteless castor oil—one ounce—on admission, but not later than 7 p. m.
2. Tub bath if necessary.
3. Shave with tincture of green soap, followed by alcohol and allowed to dry while the mouth is inspected, dirty teeth cleansed with a cotton swab, and, if necessary, painted with tincture of iodine. The razor should be sterile.
4. Paint the area with one-half strength tincture of iodine and apply sterile compresess..
5. Farinaceous diet is ordered and a pitcher of water and a glass placed by the bedside and the patient encouraged to drink freely.
6. Physical examination by the house surgeon.
7. Specimen of urine sent to the laboratory for examination.
8. Enema at 9 p. m. and 5 grains trional and 30 grains sodium bromide given.
9. In the morning, weak tea or coffee or water allowed up to within two hours of operation, unless special contraindication exists.
10. Emptying of the bladder or catheterization just before leaving for the operating room.

Emergency operations and at times operations for some exceptional conditions will necessitate deviation from the usual routine. —*Med. Brief.*

PITUITARY EXTRACT IN OBSTETRICS

The clinical experience of Dr. L. J. Friedman relative to the use of pituitary extract in obstetrics is summarized as follows:

1. Small doses of pituitary extract act better than large ones.
2. Large doses are harmful, producing supersensitization of the uterus, thereby causing the danger of extensive laceration of the perineum and rupture of the uterus.
3. It is an excellent oxytoxic, especially in placenta prævia, and atony of the uterus.
4. Lastly and most important is that it is the "medicinal forceps," acting as a vis a tergo instead of a vis a fronte.—*N. Y. Med. Jour.*

THE PROBLEM OF TWILIGHT SLEEP

The newspaper gush over twilight sleep has been defended on stage and platform. There is the further and more interesting question of the physician's point of view, his attitude toward it. Philanthropists speak of its benefits, its martyrs, and of the unmitigable prejudice of doctors. Differing with diffidence, we think it may be shown that the philanthropist's attitude is a pose merely, an artistic and quite innocent pose, but still a pose. It is the amusing pose of the nonmedical cynic, now turned into a theatrical convention. When we read in the newspapers that an excellent lady endured twilight sleep and was a "martyr to motherhood," we do not wish to speak unsympathetically, but the phrase, to be quite candid, is not just. It is somewhat blatant sentiment. The problem of twilight sleep has never been stated quite impartially. The question, "Would you like to try it?" is here, as in most other cases, irrelevant. The real problem is much more complex. Is it a help to women; and is it a mode of practice within the reach of the average physician? We think these questions have not had a sufficient reply. If the mother in labor is to be comforted by twilight sleep, let it be studied scientifically. Criticism is a reminder that there is more in life than commercial exploitation. Hostility to this criticism comes from taking it with an attitude of superiority over the experience of physicians.—*New York Med. Journal.*

FOR RIGIDITY OF PERINEUM

℞ Chloroform......................2 parts
Ether..........................1 part
Eau de cologne..................1 part

M. Sig.—For external use.

DISEASES OF THE EPIDIDYMIS AND TESTICLE

(Abstract of clinical lecture given in the Long Island College Hospital.)

By Henry H. Morton, M.D.

Clinical Professor of Genitourinary Diseases, Long Island College Hospital; Genitourinary Surgeon, Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, Etc., Brooklyn, N. Y.

Epididymitis is more frequently seen than orchitis. Causes are gonorrhea, traumatism, passage of urethral instruments, or as a sequel to prostatectomy. The organisms reach the epididymis through the vas deferens by means of its peristaltic action which moves in either direction.

Causes of orchitis are syphilis, malignant disease, or metastasis during an atatck of mumps.

Gonorrheal Epididymitis: Testicle red, swollen, tender, inflamed. The epididymis is enormously swollen and surrounds the testicle. A small quantity of hydrocele fluid is usually found. Discharge from urethra usually ceases while epididymis is affected and begins again as the inflammation subsides.

Treatment: Preventive—Have patient wear suspensory and keep as quiet as possible. No urethral instruments should be passed and no forced injections given.

When present the patient should be put to bed, the scrotum supported with a handkerchief bandage, and continuous hot applications applied. Hot flaxseed poultices, or hot lead and opium work very well.

Cold is no longer used as it is liable to leave a hard, tough infiltration of the epididymis, thereby causing sterility.

In moderately severe cases accompanied with great pain, 20 per cent. guaiacol ointment covered with cotton and heat usually allays the suffering.

In recurring epididymitis or in very severe cases which do not respond to treatment, the Hagner operation is indicated.

Where there is a great deal of hydrocele fluid present, aspiration of the fluid makes the patient comfortable.

Where the epididymis has been blocked as the result of inflammation and the patient sterile, the patent end of the epididymis may be transplanted into the testicle and a new channel for the exit of the spermatozoa is made. In about 50 per cent. of cases operated the sterility is relieved.

Tuberculosis of the Epididymis: Begins as a small painless lump which gradually increases in size.

The epididymis is usually infected:

1. By hematogenous infection.
2. By extension from higher up; vesicles, prostate, kidneys.

Later the testicle becomes infected, and breaks down and becomes filled with pus.

The focus may remain latent for a long time, and then be lighted up by some traumatism.

Treatment: Epididymectomy is the operation of choice when the testicle is not involved, but when the testicle is affected, castration is indicated. After the patient recovers from his operation he should be instructed to lead an out-of-door life as ordered in the case of any other tuberculous individual.—*N. Y. Med. Journal.*

One of the most important studies just now for the physician and pharmacist to undertake is the study of the pharmacy and remedial action of digitalis.—*Dr. Butler.*

PROPER DOSAGE OF ANTITOXIN IN DIPHTHERIA

The attention of our readers is called to the following table of the doses of diphtheria antitoxin recommended in the treatment of diphtheria. This table was prepared by Doctor William H. Park, Director of the Bureau of Laboratories of this Department, on the basis of extensive experimental and clinical studies. The recommendations have been endorsed by the Medical Board of the Willard Parker Hospital and by the diagnosticians of the Bureau of Preventable Diseases. The table of doses here given has been issued by the Commissioner of Health as an order for general department procedure (*Bulletin of Health, City of New York*). In passing, it may be stated that there is no advantage in excessive or repeated doses.

Cases of laryngeal diphtheria, moderate cases seen late at the time of the first injection, and cases of diphtheria, occurring as a complication of the exanthemata should be classified and treated as "severe" cases.

Dosage of Antitoxin in Diphtheria

	Mild Cases	*Moderate*	*Severe*	*Malignant*
Infants, 10 to 30 lbs. in weight (under 2 years of age)......................	2,000 units to 3,000 units	3,000 units to 5,000 units	5,000 units to 10,000 units	10,000 units
Children, 30 to 90 lbs. in weight (under 15 years of age)......................	3,000 units to 4,000 units	4,000 units to 10,000 units	10,000 units to 15,000 units	15,000 units to 20,000 units
Adults 90 lbs. and over in weight.....	3,000 units to 5,000 units	5,000 units to 10,000 units	10,000 units to 20,000 units	20,000 units to 40,000 units

In all cases a single dose of the proper amount, as indicated in the schedule, is recommended. For immunizing purposes a dose of 1,000 units should be used.

It is recommended that the methods of administration be as follows:

Mild Cases—Subcutaneous or intramuscular.

Moderate Cases—Intramuscular or subcutaneous.

Severe Cases—Intramuscular or subcutaneous or intravenous.

Malignant Cases—Intravenous.

TWILIGHTING

Editor Medical Summary:

While it is the duty of the physician to relieve pain, it seems strongly assumptive to try to improve upon methods of procedure which a creator has originated. Physicians should be honest with themselves, their God, their patients and each other. Before relieving pain, some points of interest should receive conscientious consideration: Its location, its cause, and effects. The safest place for a narcotic drug is in the physician's medicine-case, until a time of emergency. A parturient woman is not an emergency case. The parturient woman likes to be humored, is very receptive of psychologic influence. The action of a narcotic drug administered to the extreme extent of procuring a painless childbirth does not stop at the termination of labor, neither is the empty uterus immune to the action of the drug, but in some, perhaps all, cases quickly passes under its influence, creating a condition favoring dangerous and fatal hemorrhage. In my limited twilighting practice, two such cases have occurred, though fortunately without a fatal termination. The physician who attempts to procure a painless child-birth by artificial methods, assumes a dangerous risk, even if he does not live in Freiburg.

T. C. Estes, M.D.

Bennett, Mo.

AUTUMNAL ILLS

In these times, where drainage, sewerage, and strict attention to local and general sanitation, the old time ague and fever, intermittent and remittent fevers have disappeared. We still have malarial fever, neuralgia from the same cause, rheumatism, and worst of all, typhoid. In some localities, away from the cities, there are still found ponds, marshes, and fevers, dysentery, etc., as the result of poisonous exhalations; but such localities are becoming gradually and surely better. Much sickness in the Autumn is due to atmospheric vicissitudes, and people do not realize that sufficient clothing and early fires are necessary if the Autumnal ills are to be avoided. I wonder that there is not more sickness and death than there is, when I see young men and boys congregating on the street corners with the chilly Fall breezes blowing around them.

The man who "knows it all," who has become self-centered, is past growth; while he who is ever seeking new and better treatment, remedies, and appliances is open to grow as the science grows. He has not become muscle-bound.—*Bogart, Texas Med. Journal.*

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

CONSTIPATION TREATED BY THE SHORT-CIRCUITING OPERATION

Editor Medical Summary:

When constipation is due to some definite organic obstruction of the intestines, then the only available method must be something mechanical, or some form of operation, preferably the short-circuiting of the intestine—all remedial agents are only palliative and frequently must be assisted by enemata.

Sir Arbuthnot Lane demonstrated the division of the adhesions in constipated patients, but the results obtained were not satisfactory, as these adhesions were not the cause of constipation. I have also found that constipation exists just the same after the division of the membranes. On patients whom I have done a short-circuiting operation, the constipation was permanently relieved.

Mansell Moullin in 1900, performed the first short-circuiting operation with permanent relief of constipation. He did not divide the ileum but made a lateral anastomosis of four inches in length, between the last part of the ileum and a convenient part of the sigmoid. His patient was a female, twenty-nine years of age, nearly bed-ridden and exceedingly emaciated from starvation. Four years later the constipation had not returned and the patient was feeling well in every way.

In experienced hands ileosigmoidostomy is as successfully performed or an uncomplicated appendectomy. The results are the complete cure of constipation without recurrence and the restoration of normal health.

E. N. Ritter, M.D.

Williamsport, Pa.

The people you don't know have about the same amount of human being in them as you or anybody else.—*Hogwallow Kentuckian.*

MARRIAGE NECESSARY

Editor Medical Summary:

Those who would be most healthful, most useful, and most happy, must honorably, at a suitable age, enter the married state. This is so obvious that one should apologize for making the assertion. If it is entered into honorably and conscientiously it will be lasting as long as life lasts. The responsibility being a serious one, it should not be inconsiderately undertaken. The parents of the writer lived happily together fifty-eight years, and death severed the ties. It will be about two years till the writer's wife and himself will reach the golden anniversary of their marriage. I don't mention these cases, except to illustrate that the marriage relation should be binding and indissoluble. The prevalent frequency of separation and divorces are a disgrace! It is held very lightly by the aristocratic 400, so to speak. While this city is a veritable Gretna Green, because over a thousand eloping couples from Kentucky are married by the magistrates here; and perhaps a vast majority of them have only a chance acquaintance. In Indiana, however, the law is very strict in prohibiting marriage of diseased persons, either physical or mental; as the law proposes to prevent like transmission of disease to offspring. Both the male and female are separately examined orally, and required to answer, under oath, certain questions from a prescribed form. Unless they can do so, a license is not issued.

The ancient patriarchs were especially fitted to marry because of the purity of their lives, and the health of their bodies. Only by sinful lusts did loathsome diseases make their appearance.

D. L. Field, M.D.

Jeffersonville, Ind.

HOW I TREAT PNEUMONIA

By J. R. Borland, M.D.

For fifty years I have treated pneumonia about as follows: When called to see a case, I examine the chest very carefully by the usual methods. If in the early stage, auscultation will reveal dry crepitus, which is the first stage of congestion. This is soon followed by moist crepitus, which is the prelude to resolution.

To relieve the congestion, I apply a *blister* over the congested region with care; if an adult, a canthos plaster 4 x 5 inches, smeared very lightly with lard. Bathe the part with warm vinegar, then apply the plaster, a compress and a bandage; let remain until the skin is reddened as a mustard plaster would make it, which will take two and a quarter or three hours, owing to the density of the cuticle. In the meantime, the part should be looked after to see when the plaster has proper effect. Then remove the plaster and apply a previously prepared poultice of bread and milk, covered with lard so it will come off clean. At the expiration of four hours remove the poultice, puncture the blebs and press out the serum with a soft cloth, but do not break the skin. Then apply the second poultice, treat same as the first, remove and open the blebs and apply the third poultice, remove and open the blebs at the end of four hours as before. Then dress twice or thrice a day with cloths smeared with castor oil, which makes the best dressing, and in three or four days *it will be well and no strangury will follow!*

You may ask why does the blister relieve so quickly? Simply by removing a certain amount of serum and thus relieving the congested lung. No other counter irritation will do this as promptly and with but little or no pain or distress. This I know from personal experience, for I have had pneumonia twice and it was aborted by a blister each time, and I was well in three days!

Of course I employ other measures to reduce temperature. If the fever is of a sthenic character, I employ veratrum and bryonia, if a low grade of fever asthenic, aconite or belladonna. When temperature is high, cool sponging with epsom salts or bicarb. soda water is useful.

Another remedy I employ in many cases, is the Beach emetic powder, which consists of lobelia, ipecac and sanguinaria in powder. Add a teaspoonful to a teacup of hot (not boiling) water, sweeten and add a dessert or a tablespoonful of cider vinegar. Give a teaspoonful every two or three hours as required to control the cough. It is antispasmodic, sedative and expectorant. Some of my patrons keep it in the house and give it to the children for colds and coughs, and thus obviate attacks of bronchitis and pneumonia.

It is seldom that both lungs are affected simultaneously, but should that occur, apply the same treatment to the other lung.

In bronchitis I apply the blister to the upper part of the chest, treatment otherwise the same.

I discarded hot fomentations, mush jackets, etc., long ago, as they engender *mucus engorgement* and the patients die of *suffocation.* The doctors say "heart failure." How could it be otherwise? Nor do I employ ice cold applications, as *they are not safe.*

Now, brothers, I have here given you the treatment for pneumonia which has been satisfactory to me, and by which I have been enabled many times to *abort and cure the disease, and save many lives.*

Because our forefathers discarded bleeding, blistering and mercury, is no reason why we should. Professor Scudder, in his works, justifies their employment in certain conditions.

I hope you will not consider me an enthusiast without reason, for in over sixty years in the active practice of medicine, one should be able to arrive at some of the certainties thereof.

I feel assured that if the measures here described were adopted by the profession generally, that the death rate from pneumonia would be reduced *fifty per cent.* Skeptics may deny this, but I have the most ample evidence that *it can be done.*

Franklin, Pa.

The publication called *Medical Freedom* serves one very useful purpose—you may be sure that anything you see there isn't so.—*Critic and Guide.*

Frequently recurring causeless anger in a child is a dangerous symptom. It may forebode future mental disease or insanity.—*Critic and Guide.*

A SLIGHT CORRECTION IN THE ARTICLE "THREE MONTHS' COLIC IN BABIES"

Editor Medical Summary:

I have read a few articles in medical journals, the title of which was how to treat successfully three months' colic in babies. I am aware of the fact that there is oftentimes trouble that exists between the mother and the babe, which, if not corrected, will cause the baby to cry, and cry vehemently for three months or longer, if the trouble is not corrected. If the baby cries it is a matter of fact that something hurts that baby. Doctors as well as mothers know that oftentimes babies cry when nothing more than hunger is the real trouble or cause, but if you are a close observer you can tell the difference between the cry of hunger and that of real pain. You know that the only way that a baby has to complain is by crying. I had a case a few months ago that I want to tell you about, and if you ever have a case similar to this, you just look closely into the case and see if you can detect any wrong existing, like I tell you about in this case. I attended the mother in confinement, a primipara, a long and tedious labor. I landed the little lady about one o'clock a. m., and stayed until morning. When I left the next morning, the mother and babe were getting along fine.

Being several miles distance away, I did not hear from them for about two weeks, when the young father came into my office one day and said: "I have not had a good night's rest since the baby was born. It cries, cries and cries. The old women in the neighborhood say that it has the three months' colic, and I want to know if anything can be done for it, or will it just have to cry it out?"

His attention had been called to it so often, and being a rather close observer of things surrounding, I said to him: "Herbert, tell me what you can about how the baby does."

"Well, it cries nearly all the time, and worse just after it nurses. It draws its legs up and will kick them out as hard as it can and cry like something was hurting it terribly. Its bowels are all right, and its kidneys act free enough. The mother is feeling well enough, excepting the worry in trying to hush the crying baby." "Well, tell me as near as you can the natural appearance of the tongue." "It is red," said he. (You know that most babies' tongues usually have a white coat or film on them.) "Well, what is the natural appearance of the mother's tongue?" "It is coated white," said he.

Now I thought that I had a key to the trouble, and I did, it is true. My corrections are in parenthesis. Hyperacidity in the (mother's system) and alkalinity in the (baby). Now do you see what results must naturally be? A genuine case of colic. You know the results of a little vinegar and water in a glass when you add a little soda. See? So I just put up this:

℞ Matricaria	gtt. v
Marrubrium	gtt. v
Nepeta	gtt. v
Glycerin,	
Aqua	q.s. ℥j

M. Sig.—Give the baby five drops every two hours.

Now for the mother I put up the following alkaline solution:

℞ Glycothymoline	℥j
Aqua	℥iij

M. Sig.—A teaspoonful every hour till baby quits crying and will sleep.

It worked like a charm. It was a specific for their troubles. So when you have a suspected three months' colic, you just look closely into the true condition existing between the mother and the baby, and I venture the assertion that nine times out of ten you will find a case likened unto this one, or vice versa. I met the young father a few days afterward, and asked him how the baby was getting along, and he said, "You certainly did the work for the baby. My wife had taken only a few doses of her medicine, until the baby could nurse and go off to sleep, and it slept well all night the first night." Now, I might add to the original article here, that it might have been possible to have corrected the trouble entire, by giving the alkaline solution to the mother, and not giving the baby anything. Neutralizing the systems of mother and baby; Do you get the idea? The system must be one of two kinds, either acidity or alkalinity. When you have the two kinds in mother and baby, you invariably will have trouble in the nursing child.

The great and noble John M. Scudder, M.D., who has long since passed away, tells us in his "Specific Diagnosis and Specific Medication," that the tongue indications, if we understand how to read them, will tell us a great deal, which will enable us to treat our patients more successfully.

A tongue coated white denotes hyperacidity, and a condition existing in the system that sodium sulphite will correct. A red tongue denotes an excess of alkalies in the system, therefore an acid is indicated. Now, doctor, the tongue does not tell us everything that we should see indications in, but certainly it tells us a great deal. Keep away your opiates, your soothing syrups, your paregoric and give the indicated remedy and your little patient will soon get easy, and the mother and father will give you endless praise. Here it is in a nutshell, doctor: Know your remedy; that is, what it will do, learn to read the indications correctly, and you will be able to relieve your patient every time.

Don't give the trouble a hard and long name and puzzle the father and mother with a lot of different kinds of medicines to be given. I have learned years ago in my practice, that babies need only the indicated remedy when sick, and but very little of that to get well.

You see, this baby only got 5-32 of one drop of the combined remedies, chamomile, hoarhound and catnip. Now, I just want to add that I have not lost a baby for over two years. Can you say as much? I do not say this egotistically nor that I think that I know as much or more than my brother doctors, but here is my key, doctor, try to see the indicated remedy, give as little of it as the patient can get along with, and let nature do the rest. Nature is the doctor, and we are only instruments to assist in her great work.

J. B. Curry, M.D.

Austin, Ark.

SHOULD THE PHYSICIAN GIVE INFORMATION GRATUITOUSLY TO LIFE INSURANCE COMPANIES?

Editor Medical Summary:

Within the last few months I read something somewhere on this very subject, and developments of the last few weeks have made me think a great deal about this matter.

The article I refer to spoke of the injustice of the insurance company in asking the physician to give information about some person he had treated some time before, without offering to pay for the same. That was fresh in my mind when I received a very nicely written stock letter with my name filled in at the top and the patient's name filled in at the proper place, enclosing stamped envelope and asking me to fill in a lengthy blank with a number of questions on it, regarding John Smith, whom I treated more than a year ago. I said to myself, I will not answer it; and I did not for perhaps a week, then it struck me that it might be worth while to try an experiment, so I wrote across the face of the question blank something like this: "As near as I can remember, this man suffered with gall stones, but I cannot be sure. If you wish to know all the particulars it will take me some time to look them up, for which I will charge you a fee of $2.00. If you wish said information, write me enclosing your check for the above-mentioned amount, and I will be pleased to serve you to the best of my ability." I did not expect a reply. To my surprise this morning I received a reply stating they are very seldom asked for a fee for giving information about patients, and have never before paid more than one dollar for same, but in this case if I would give them full particulars, they would pay me the $2.00. They will get the information promptly, and if they do not pay me within a reasonable length of time, I will see that they pay some costs too, for I will keep the letter I received this morning, also a carbon copy of the letter I wrote them.

If the information was not worth $2.00 to that company, would they so promptly promise to pay for my certificate? I guess not! That makes me mad at myself. I have been practicing medicine for over twenty years, and have often received such letters, and like a good little boy sat down and spent my good time writing out their certificate; *for what?* Not even a courteous letter thanking me for the same. Conservatively, I have done that fool thing fifty times in twenty-two years, and it may be several hundred times I did it. But fifty times at two dollars is a cold hundred that should be in my pocket and is not—and nobody's fault but my own. Say, brothers of the medical fraternity, let's wake up and get what is our rightful dues! When you get one of these inquiries, write them first and get a promise out of them to pay you for the certificate. It will do no good to send the certificate and a bill with it. I tried that once, and they returned the bill and certificate, saying it was not worth two dollars to them. Of course it was not, after they had seen it and had ample opportunity to make a copy of it, or at least read my opinion. That is all the use they had for it. As for me, I am absolutely done giving wealthy insurance companies these certificates (which are so valuable to them) for nothing. Let us all stand together and teach the insurance companies that they can save time by enclosing a check with their request for information.

"JUSTICE."

Penna.

A FEW FADS

Editor Medical Summary:

This seems to be an age in which the human family appears to over-reach itself; and although there have been many improvements, we seem to jump at every new fad or fancy without thoroughly going into the merits of the case.

One of these extremely ridiculous fads is the attempt to train the baby as to its hours of sleeping and of feeding; a most pernicious practice advocated by those who, in their ignorance of the child's anatomical, mental and physiological development, give the wrong advice.

Now, it has been shown that the baby's mental advancement is very slow, and it takes a long period ere the child arrives at an appreciative age, before he can understand what is required of him; therefore to force a baby to do certain things may act in a very deleterious manner upon the child and so do him incalculable damage. A child, from the age of one month to two years, should be almost left untrammelled in its actions, and its will left to be developed by himself. Especially should he be allowed to sleep as long as he desires and not to be waked up to take nourishment, nor forced to any regular hours of eating or feeding; but he should be allowed all the rest he desires and be nursed, not as advocated, at regular intervals, but when he desires to take nourishment, let him have it. An infant must be allowed the free use of his arms and do as he pleases. Of course, there is not any allusion made herein to the sick and delicate child, but to the normal infant. Any interference with the child may result in serious mental defects. The Indian binds his child to a board, leaving herein no use of the arms and legs. Who can tell but that aside from heredity, that this has something to do with the backward tendency of the race?

It is not intended that a child should be spoiled, but that, and in reason, he should be a free-born individual, so that when he arrives at that period of full mental capacity he will be able to differentiate. The training may then be begun.

Another fad is the obstetrical one. Now, everyone knows that everything should be kept scrupulously clean and a certain degree of antiseptics be practiced, but the excessive exactions advocated by physicians in childbirth, by the demand of so many unnecessary things to those unable to stand the expense, is a very great hardship upon the poor. It is not essential that every case of labor should be sent to the hospital, nor that trained nurses should be employed. In my practice in the country, in child-birth, I never lost a case of my own but one, and in only one was there puerperal fever, and the woman had puerperal eclampsia before I saw her. This includes cases of serious import, which I had at short notice and had, myself, to act at once with energy.

The twilight sleep is another fad which one should be cautious in adopting, for, as a general rule, the woman in the country and the woman of the old regime give birth to children with few mishaps. A few whiffs of chloroform during the last stage of labor often give her much relief. If the pains are nagging and dilatation of the cervix slow, a little opium or morphine will always be productive of relief.

The trouble with the present-day conditions is due to too many fads, too many religious codes of belief, and altogether too many false ideas of matters in general, which, if not checked, may precipitate us in such difficulties as have to do with the degenerating influences of the times, now so apparent.

J. G. B. BULLOCH, M.D.

The Octavia, 1669 Columbia Road, Washington, D. C.

Ever see a case of sympus dipus? A Kentucky doctor soberly presents one in *American Medicine* for October, 1915.

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

AMERICAN MATERIA MEDICA, THERAPEUTICS AND PHARMACOGNOSY. By Finley Ellingwood, M.D. Published by Ellingwood's Therapeutist, 32 N. State Street, Chicago. Pharmacy and Pharmacognosy by John Uri Lloyd. 1915. Price, $5.00.

The veil of asserted culture has been torn across, and Europe is revealed to us in all her greed, ambition and unscrupulousness. We see her now with much the same sensation with which we have looked on the struggles in Mexico and Hayti—the same principle underlying all three. Most of us who are serious are thanking God that we are Americans, and the rest of us should be doing so.

It seems a fitting time to investigate our long-neglected therapeutic resources, and utilize them. The only reason why we have been importing burdock, aconite, digitalis, etc., is the rather superstitious way we have had of looking up to the East as something better than ourselves. Now let us give American drugs a fair show. If they are better or as good as the foreign, use them; if the others are superior, duty compels us to give our patients the benefit. The best are none too good.

Now in the nick of time comes this grand work of Professor Ellingwood, crammed with exactly the material we want. Here are the native medicinal plants, presented in forms elaborated by the first chemists of the land, studied under modern conditions, with laboratory aids, and submitted to clinical tests by many hundreds of active practitioners. Each application of each drug is based on reports from many, verified, corrected, amplified and delimited, so as to afford that collective picture that approximates the truth too closely to be far wrong. We do not ask that unlimited confidence be placed on the book; but we do say that the evidence presented fully warrants us in giving these remedies a fair and impartial trial. He who does this will have a wealth of new remedies placed at his disposal and it will be strange indeed, if out of the mass he does not secure some that will repay the trial.

Not that Ellingwood is a mere botanic—he treats of the mineral salts and chemical products, the animal extracts and the alkaloids; even of the non-drug therapeutics. Calomel is suggested when indicated, and we feel sure that if he believed blood-letting the thing his patient needed, he would use it. Surely—for here it is on page 244: "Poisoning in this manner may be treated by blood-letting."

He must be indeed an erudite physician who cannot gather from Ellingwood's work enough to amply repay him for its cost.

THE PRACTITIONER'S ENCYCLOPEDIA OF MEDICAL TREATMENT. Edited by W. Langdon Brown, M.D., F.R.C.P., and J. Keogh Murphy, M.C., F.R.C.S. Published by The Oxford University Press, American Branch, 35 West 32d Street, New York. 1915. Price, $8.00.

This work is divided into two parts: (1) Method of Treatment; (2) Agents in Treatment. Details of surgical operative methods have not been touched upon in this volume, dwelling only with the indications for such methods, and with the general principles of the treatment of surgical, and acute surgical conditions. The second part of the book dwells on the action and use of different drugs, which are arranged in classes. In the compilation of this handsome large volume, containing nearly nine hundred pages, it was the endeavor of the authors to produce a compact, single volume for the general practitioner; up-to-date, and not of too great cost or size. It was written by men of large and extended practical experience, each pursuing his own methods and treatment, so that each man is responsible for his own matter contributed. While there are numerous similar works on the market, there is still room for such a thoroughly practical book as the one now before us. All the topics are discussed in a succint manner, and written by eminent men, with the U. S. P., and B. P., referred to throughout; therefore, it is better adapted to the use of U. S. physicians than it would be otherwise. The Introduction to this work was written by no less eminent a person than Sir Thomas Clifford Allbutt, Regius Professor of Physics in the University of Cambridge.

This is a most valuable work for any practitioner to have on the shelves of his medical library.

A MECHANISTIC VIEW OF WAR AND PEACE. By George W. Crile. Published by the MacMillan Company, New York. 1915. Price, $1.25.

War, as the Surgeon sees it, is the theme of this book. The author, Dr. Crile, was recently in charge of a hospital in France, and he says that the clinical observation of the behavior of man in injury and disease, under anesthesia and the influence of drugs, together with experimental studies of certain problems bearing upon human relations, have led him unconsciously to reach the conclusion of many scientists that man and other animals are physico-chemical mechanisms.

The contents of this book are divided into six chapters, which are: Introduction; The Phenomena of War; A Biologic Interpretation of War; A Mechanistic View of German Kultur; A Mechanistic View of the Vivisection of Belgium; Evolution Toward Peace. There are also over a hundred illustrations in the text. The author concludes his introduction with the following paragraph: "I do not believe that war can be eliminated from the web of life. It is not certain that its complete elimination would be an ultimate advantage to man. My aim is to make an analysis of war; to point out the probability that these phenomena are explainable on a mechanistic basis; to seek its origin and inherent force in man; and to suggest means by which the very forces which have made cycles of war inevitable may be utilized for the evolution of longer and more secure cycles of peace."

In considering substitutes for morphine, do not forget our old friend atropine. It is the best antispasmodic we have.

MANUAL OF EMBRYOLOGY. By A. Melville Paterson, M.D., F.R.C.S., Professor of Anatomy in the University of Liverpool, Member of the Institute of American Anatomists, Past-President of the Anatomical Society of Great Britain and Ireland, etc. Published by the Oxford University Press. American Branch, 35 West 32d Street, New York. 1915. Price, $2.75.

For the most part this book is made up of amplified notes of lectures and demonstrations given by the author to medical students. The local appreciation with which these lectures were received, suggested to the author the idea of presenting them in book form for the purpose of reaching a still wider circle. Over three hundred illustrations are embodied in the text of this excellent work, on the subject in which it treats, and these illustrations are valuable, insofar as they elucidate the text and also more readily fix the matter in the mind of the student. We believe that the careful perusal of this book will deepen the interest of the student in the study of anatomy and, no doubt, stimulate him in the prosecution of further inquiry in the fields of human and comparative embryology.

THE PHYSICIAN'S VISITING LIST FOR 1916. P. Blakiston's Son & Co. (Formerly Linsay & Blakiston) Publishers, 1012 Walnut Street, Philadelphia, Pa.

This visiting list having appeared annually for sixty-five years, is of itself sufficient evidence of its usefulness. As a book of its kind, it is probably the best on the market. It also contains some reading matter that may be useful at times to the physician carrying the list with him in his daily round of practice. The book comes in sizes suitable for the size of any physician's practice. The price for the 25 patients weekly is $1.25; for 50 patients weekly, $1.50, etc.

Alcoholism is invariably accompanied and aggravated by disorder of the internal secretory glands; pluriglandular therapy being then a rational adjunct to treatment of chronic forms.—*Harrower, Amer. Med.*

Summary Gleanings

Iodine stains are easily removed from gauze and linen by immersing them in a lysol solution.

When putting nuts and bolts on a car it is an excellent preventive of rust to rub on them a little graphite. When you have done this you have taken out an insurance policy against sticking nuts.

Sometimes the small rubber cushion inside the valve cap of the tire gets turned in such a way that when the cap is screwed down the rubber presses down on the valve core and a slow leak will result. It is well to look at the cap before putting it on.

In chronic eczema, echtisia ointment in conjunction with eliminant treatment has given gratifying results.

F. W. Lynch makes a strong plea for nitrous oxide anesthesia in obstetrics, comparing it favorably with scopolamin. The cost is four to five dollars an hour.—*Chi. Med. Recorder.*

In paroxysmal vomiting of chronic, recurrent character, where no organic disease of stomach is discoverable, adrenal gland treatment is frequently of value.—*Berkeley.*

Hydrastis is one of the effective remedies in sore mouth of nursing women. In all cases of inflamed and ulcerated mouth and throat it is to be depended on to afford much relief.

Lobelia, in *small doses*, is the remedy for sick headache that is due to gastric derangement. It is indicated by the feeling of "qualmishness" and nausea present.

Dr. W. L. Powell, in an article on the subject in the *Va. Med. Semi-Monthly*, states that the class of epileptics in which crotalin has been found to be beneficial is the so-called idiopathic.

To remove moles, apply with a splinter of wood a small quantity of acid nitrate of mercury, carefully avoiding the sound skin.

Investigations have shown that malarial fever (also called "ague," "chills," "chills and fever," "dumb ague") is a disease which requires for its transmission the active services of a definite kind of mosquito, i. e., anopheles.

Iodine poisoning is rare, but it is well enough to remember that starch is the antidote. Pour boiled water over the starch and then give it freely.

Suppositories, each one containing one grain extract belladonna leaves, are peculiarly valuable in overcoming the minor manifestations of hemorrhoids.

Do not forget the value of camphorated oil in the treatment of pneumonia. Inject it hypodermically when heart shows signs of flagging. It is safe and effective.—*Med. Standard.*

Picric acid, in one per cent. solution, is probably the best application for burns. Remember that it stains everything yellow. The ointment is said to be less troublesome in this respect.

Guaiacol is an excellent application to the chest in pneumonia and bronchitis. Reduce to 25 per cent. strength with lard or olive oil. Better still, add an equal quantity of methyl salicylate and stiffen the ointment with lanolin.

Arbutin, the active principle of uva ursi, is one of our best urinary antiseptics and toners of the mucosa of the urinary tract. Give ½ to 1 grain, several times a day.

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JANUARY, 1916

THE MEDICAL SUMMARY

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, Etc.
Vol. XXXVII
R. H. ANDREWS, M.D., Editor & Proprietor
No. 11
2321 PARK AVE., PHILADELPHIA, PA.
ESTABLISHED 1879

Titles of a Few of the Leading Articles in This Number

GASTRIC ULCER
BY JAMES E. FREE, M.D.

SIMPLIFIED REFRACTION
BY F. A. WEIR, M.D.

FOOD VALUE OF FRUIT
BY M. O. TERRY, M.D.

SOME IMPORTANT SUGGESTIONS
BY J. G. B. BULLOCH, M.D.

THE TREATMENT OF DISEASE WITH ELECTRIC CURRENTS—SOME CASES
BY ZACHARIAH GARTON JONES, M.D.

LET'S TALK IT OVER, BOYS
BY "OLD DOC"

A CASE OF CANCER—TREATMENT AND CURE
BY SAMUEL KING, A.B., M.D.

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AMMONIUM CARBONATE

One of our most dependable cardiac and respiratory stimulants. Useful at almost any stage of bronchitis or pneumonia if the breathing is embarrassed. Combines well with digitalis in cardiac and respiratory affections. Useful in febrile conditions and is mildly diaphoretic. It is administered in small but frequent doses in scarlet fever, measles and erysipelas. A moderate dose of carbonate of ammonia is 5 to 10 grains. Caution should be observed in giving this remedy to very young children. Toxic symptoms may follow. Carbonate of ammonia is a good "baby medicine" but many infants have been drugged to death with it. The chloride of ammonia is better suited to very young children, as its action is much milder.

CORRECTIONS

In Dr. Terry's article, November, 1915, *Summary*, Page 262, the first paragraph, in right hand column, should begin as follows: "In septic peritonitis, beginning by using 15 minims with bicarbonate of soda to one quart of sterilized water, increasing the strength to ʒss, which was more successful than the peroxide," etc. Better take your pencil in hand and make the corrections in your copy of the Journal, at once. Also in last paragraph of the same article, insert "*diluted*" between the words "solution" and "that."

ABORTIVE TREATMENT IN GRIP

The present epidemic of grip in Philadelphia is much more severe than anything of the kind we have had for some years. It is marked by the great number of pneumonia cases occurring as complications. The weak and the overworked, the ill-cared for, the careless, the reckless, are suffering most and very severely.

"Colds," so called, are such a common thing, that people are neglecting themselves when they begin to get sick, little dreaming that they are on the verge of a serious and possibly fatal illness, mistaking their ill feelings for a "cold." It is unfortunate that lack of money keeps so many people from the doctors. But such are the conditions. People will be able to enjoy better health when they are paid living wages.

Should an abortive treatment be found that would obviate the long illness of grip and pneumonia, it would be a welcome contribution to medicine. A Philadelphia physician has been successfully aborting grip when seen on the first day of the patient's illness. He gives several doses at once of the remedies that he generally gives for the disease. This, of course, is for cases seen early, who present little or no fever; slight or no increase in pulse rate; with headache; pain in back, legs, etc.; and the usual feeling of illness; without involvement of lungs or pleuræ.

He gives 3 minims of tincture of aconite, 8 or 10 grains of quinine, 8 or 10 grains of acetanilid, 1/16 grain of aloin, 3/32 grain of podophyllin, 1/8 grain of extract of nux vomica, 1/32 grain of extract of belladonna, 3/32 grain of powdered ipecac, 1 grain caffeine, 1½ grains of ginger, and a little sodium bicarbonate. This is taken at one dose with a large hot drink, such, for instance, as hot lemonade. The patient is put to bed, given this medicine and the hot drink, well covered up to produce a copious perspiration, and kept in bed. This is generally done in the evening, but may be done at any time of the day. By the following morning the grip is usually gone.

There may be a slight after-effect, such as headache or dizziness, which may be overcome by a cup of strong coffee or a little sleep. But the after-effect is not as bad or as dangerous as the disease.

He would not hesitate to start this treatment on any case of grip, however severe, even though it may be seen late. In prescribing these doses it is necessary to gauge quantities according to the age and general physical condition of the patient.

A DEFECTIVE BABY

A Chicago doctor received a great deal of advertising in the public print recently because he refused to operate on what was considered a hopelessly defective baby with the hope of prolonging its life. The case is familiar to most of our readers, and the story need not be retold here. A general discussion has gone forward among both physicians and laymen as to whether an attempt should be made to save the lives of infants in such cases as will hardly stand one chance in a thousand to live and develop into any semblance of normality either mentally or physically. The concensus of opinion in this particular case is to the effect that the doctor's negative stand is right in view of the fact that the child could not have been otherwise than subnormal even had it lived. The attitude of the doctor and mother was simply to "let nature take its course" and the scene was in a few hours closed. It would have been a wiser and more conservative procedure had the physician called to his aid at least two consultants, and then should the united opinion have been that it would be folly to operate, the anthemas of criticism would not have been hurled at the doctor's head. It is barely possible, however, that the doctor rather enjoyed the widespread publicity which the incident gave him. Perhaps hundreds of our readers have had almost similar cases and perhaps their action, or rather inaction, was the same. They simply did herald the facts to the world along with a personal viewpoint. There is nothing like advertising. Nearly all physicians are agreed that in isolated and deplorable bad cases of defectiveness in infants, no attempt should be made to prolong life. The only danger is in establishing a bad precedent. Precedents are, as it were, a stone wall of excuse and defense for the protection of human acts that are not quite regular. Those who are clothed with a measure of authority and do the bold things and get away with it, are always sure to have plenty of weak imitators. For the rank and file of medical men it pays to follow conservative and well-established highways, otherwise the trouble will sooner or later loom up before you. Let those who do not care for their reputation and peace of mind do the bold and bizarre things. Anent the Chicago doctor, however, we have no words of criticism. But we should profit by the adverse criticism heaped upon others.

POSSIBLE ANTIDISPENSING LAWS

Doctors always have been and always will be dispensers of medicine. The dispensing of medicine also is the druggist's business. The druggist desires to monopolize that part of the medical work and to prevent physicians from dispensing any remedies. Hence arises a tilt between two erstwhile friendly professions. Led by firebrands, the druggists are being whipped into line to antagonize physicians. The druggists' leaders have been, and still are, attempting to tie the hands of physicians by legislation that will prevent the doctors from dispensing medicine. By all sorts of laws—narcotic, pharmacy, poison, etc.—they are trying to have passed acts to prevent or interfere with dispensing by doctors.

The Harrison antinarcotic law has been quite a burden on the profession, inasmuch as the Commissioner of Internal Revenue has formulated a ruling that requires physicians to keep a detailed record of all remedies dispensed. The druggists are anxious to extend the scope of this law so that it will include all drugs. They will endeavor in all legislatures to enact legislation to accomplish that purpose.

We have had enough of that to contend with in the past. But if more is attempted we will have to buckle on our armor and go forth to the battle. We do not accept peace at any price. We have good red blood in us, the fighting blood that accomplishes things and stops many evils.

We are prepared to fight it out with the druggists, like Paul Jones did on the sea. The medical profession is not composed of a bunch of dullards. They know on which side their bread is buttered. Doctor, if you do not want some of your means of livelihood taken from you, see that your legislature this winter does not pass any law that will stop you from dispensing drugs or in any way interfere with the legitimate and honest practice of your professional duty.

This fight is mainly in the interest of the patient. If the doctor is forbidden to dispense, prescriptions will have to be written for all remedies needed by the sick. Drugs have been a large item of expense in all sickness heretofore. But, now, with the steadily rising price of drugs, how will poor people be able to pay for them? The druggist gets his money when he delivers the drug. The doctor gets paid long afterward and sometimes never. Now, if drugs will cost patients more than ever, doctors will receive less money than ever. This is not a bright prospect for physicians. But it will come if doctors do not exert themselves sufficiently to prevent the successful culmination of the druggists' aims in legislation.

ALUM

A common household remedy. A funny thing about alum is that it is soluble in water but not in alcohol. It is a well-known astringent and coagulates albumen. Taken internally it enters the blood and stricts the capillaries, thereby checking capillary hemorrhage. It is therefore not wise to scoff at the patient suffering from hemoptysis who finds comfort in sucking at a lump of alum. Alum is a good home remedy for croup, administered in a teaspoonful dose. An old-fashioned way of doing this was to incorporate the alum with honey or syrup. Alum is for most purposes a valuable local astringent, as in chronic catarrhs, leucorrhea, gonorrhea, hemorrhoids, ulcers, relaxed throat and tender, sensitive feet. It is an antidote to lead poisoning. When alum is administered internally it is better not given with other drugs as a precipitate may be formed.

HAVE THE TONSILS ANY KNOWN FUNCTION?

It is, we confess, an old and mooted question as to whether the tonsils play any conservative role in the human economy or whether they are simply trouble-makers. The trend of modern scientific opinion is against the tonsil. One observer examined 100 infants at birth and found that "not one had a perceptible tonsil." Another scientific observer has said: "There is no normal tonsil.

It is not a physiological organ and has no function like the thymus and thyroid glands, as some have claimed."

All of which is important if true. If the tonsils are only adventitious excrescences, we are all prone to wonder why they occur with so much regularity. They are not a sieve, we are told, to strain out the microbes that strive to enter our bodies by way of our throats, and exert no phagocytic powers, secrete no anti-bodies to combat germs. They are described by the tonsil knockers as being merely balls of decaying material which constitute a nidus for the hatching of disease germs. All of which, we repeat, is important if true.

What do *Summary* readers think? Are the tonsils an ever-present menace to health? We are all cognizant of the danger from oversized or infected tonsils. But is there such a thing as normal tonsils with a possible function? Let us have a vote on this matter. Write your opinion in a very few words.

CHOICE OF ANESTHESIA

This is an old topic. As almost routine practice many surgeons cling to chloroform, while others stick to ether. The age of the patient together with his physical condition and idiosyncrasies in general should determine in a measure the selection of the anesthetic. Dr. W. A. Bryan (*Southern Practitioner*) in reference to this matter has said: "We formerly had the idea that the anesthetic did the work and anybody could give it. We have since learned that the anesthetic sometimes overdoes the work, and we are becoming a little more careful about its administration. Now we have an anesthetic whose behavior is thoroughly established, ether, with a fatality of something near 150,000 in proper hands, and another just as well established, chloroform, with a fatality of one in 3,000 to 5,000. Still we are hearing much about nitrous oxide anesthesia and see members of the surgical profession in various parts of the country unduly enthusiastic and trying to make a run on this specialty so to speak. Well, it isn't fair to the people who do not know. Oh, no, it doesn't produce nausea, but there are worse things than nausea, sometimes. And until we know more of its apparent behavior in prolonged anesthesia I believe we should tell the truth about it and say the mortality when prolonged is much higher than ether, and probably than chloroform, which has been discarded by every single busy surgeon I know on account of its danger. There are many, yes, numerous, anesthetics, but if we must put our patient to sleep let us use one that will give him the best chance to wake up!"

CONCERNING THE HARRISON LAW

There is extant a great deal of information and just a little misinformation about the interpretation of the Harrison Law. A good many journals have been publishing the requirements in a nutshell and it has been stated that the office hours of the physician and his telephone number should be stated on prescriptions. Along with many other journals the *Summary* last month printed a paragraph in which the above was given among the requirements. These are not necessary although it would be a matter of convenience in many cases if they were added. The office location and his registry number must appear on the prescription. Perhaps that led to the erroneous belief that office hours and telephone number were required. They are not.

With reference to prescribing the law says: "Every physician, veterinarian or dentist prescribing any of the drugs mentioned in this Act will be required to sign his name in full to the prescription; his registry number and office location must appear thereon; and also the name and address of the person for whom the prescription is written."

WATCH YOUR STEPS

This is the title of a drama. The command is apropos many things in the doctor's life, and especially with reference to the Harrison Law. It doesn't pay to take any chances. When you write prescriptions for or dispense narcotics, see that your records are accurately made, and make them at once. Nobody can tell where the axe will fall. In Chicago some time back Government inspectors went so far and resorted to such contemptible methods as to lure a physician into refilling a prescription and then had him prosecuted under the Harrison Law.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

GASTRIC ULCER

By James E. Free, M.D.

The most obstinate ulcer has a cause, which must be cut out to effect a cure. We may not be born with gastric ulcers, but we can achieve them, or have them thrust upon us.

A simple ulcer may be the result of having a boil on the mucous lining of the stomach; only in this locality it would be dignified with the name—abscess.

Ingestion of acute stimulants to the circulation of the blood, in the mucous membrane may be the starting point for an ulcer.

One of the gastric glands can be the focus of a pathologic process which ends in destruction of tissue. Gastric juice will try to digest dead tissue. This may be the first step toward elimination of what has become foreign matter. Death of tissue sets loose products of decomposition. Gases of putrefaction form combinations with the contents of the stomach. Bacterial growth is promoted; toxins generated, and there is liability of absorption anywhere on the long digestive route. Digestion and separation of dead tissue causes a discharge—"ulceration." The denuded surface is exposed to the corroding effects of the stomach contents during peristalsis; which of itself will initiate and cause pain in the ulcer, and also produce the familiar nausea.

Hunger is a periodic disease and it is responsible for attracting extra blood to the stomach. The larger supply of blood starts the digestive dynamos in the centers of the nerve system, and energy is expended in secretion. If the body is poisoned by the discharges from the ulcer being absorbed, as well as by the chemical consequences, nervous energy is pathologic, and so is the blood. Then it must follow as night follows day, that gastric juice will not be healthy. There may be an abnormal percentage of hydrochloric acid in the gastric juice, to aggravate the phagedenia or eating character of the ulcer. More or less rapidly the ulcer extends, and owing to the plentiful supply of blood vessels, perforation will occur with hemorrhage.

Pyorrhea can be the exciting cause for gastric ulcer by the amœba in the mouth practicing colonial expansion into contiguous territory.

Any exhausting drain on the body may act as a predisposing cause, by lowering the vital tone and interfering with healthy resistance. Tuberculosis is an example of a predisposing cause swinging round the circle. Alcohol has twin powers for evil. First, by its tendency to promote local inflammation; and second, by causing debility and anemia in all the body tissues. Sexual over-indulgence is one of the most frequently overlooked factors in the production of gastric ulcer. Newlyweds are often guilty of excessive venery; and to keep a full head of steam in the boiler the man is very likely to use too much strong coffee, alcoholic beverages and tobacco. When the stabbing pain develops, at the time peristalsis commences after a meal, or the first decided hemorrhage from the stomach occurs, the cat is out of the bag.

No matter what physiologic sin is to blame, the patient wants relief from suffering; and to get it he must repent of his transgressions and bring forth works meet for repentance.

Treatment must begin down in the cellar. Systematic exercise is one necessary requisite. The muscular part of the body must be given a post graduate course; preferably out-of-doors. Practicing a dancing step, combined with an Indian club swinging motion, without the clubs, will do for kindergarten work. The object is to develop the body, so that it will demand more oxygen. Daily inflation of the chest should be practiced. At first only fifty steps should be used, swinging the arms gently at the same time; but this number can be gradually increased up to 500 at a time, which number should not be exceeded on any one day. The surplus air space must be put to use in the lungs, and when the patient can retain extra air in the lungs long enough indoors, he should mount or descend a flight of stairs. Aeration of the blood is the object, as well as to increase the circulation and compel it to remove stasis of blood in the intestinal canal.

Plenty of water to drink is another point. Sleep is still another which is likely to be promoted by attention to exercise and water.

The whole body is under the influence of toxins derived originally from the diseased spot on the gastric mucous membrane. Profuse watery catharsis, such as can be obtained by using purified epsom salts is good preliminary practice. Thymol is a remedy which acts nicely sometimes. It is said to be specific against the hookworm, for example. The hooker is an animal parasite, which excretes toxins that encourage the growth in the intestinal canal of vegetable microorganisms. Liquid stools get rid of much detritus from the intestine, and are also largely made up of blood serum, sucked by osmosis from the circulatory vessels.

Clinical medicine would be an easy profession to practice if our therapeutic square pegs would always fit into round holes; making them fit is the acid test of skill.

One thing is practically certain: The nervous system of the patient is undermined. Fowler's solution is an agent with a reliable reputation as a nerve builder.

It seems to possess tact and diplomacy in promoting elimination from the skin, kidneys and liver. Under storm and stress this drug, in small doses, has been like a bottle of faith administered with a spoon. Give it the credit for being the heart of a good prescription. Put in a powerful palatable pepsin solution for the lungs of the prescription. Take pepsin for the stomach's sake and for its infirmities is a good injunction where gastric ulcer has interfered with its elaboration by the gastric glands. A third ingredient of the prescription might well be one of the reliable antiseptic solutions containing thymol. This is intended for steady use, and does not infringe on the field for bismuth subnitrate and a local anesthetic like creosote when temporary relief is needed.

Nutrition of the human unit while wrestling with gastric ulcer is often a most perplexing problem. Rigid abstinence is commendable for some days at a time; but there is a limit to the starvation treatment. Buttermilk, or some liquid treated with Bacillus Bulgaricus before ingestion is worth trying. Feeding by the rectum beats nothing at all. Lavage is of special value where the stomach contains blood and debris after hemorrhage. Bleeding from the stomach seems to depress a patient more rapidly than the loss of the same amount of blood from the lungs. Emetine hydrochloride is a new remedy worth trying in this serious complication—administered hypodermically, of course. A stomach with blood in it cannot absorb much medicine. The only thing which might help would be the new purified petroleum for its lubricating and soothing effect.

An ulcer, benign and of perfectly good intentions, may develop into a malignant growth. Position has a stout influence, if the ulcer, for instance, is located at the pyloric orifice; and here is a favorite spot. Everything which is thrust into the cardiac orifice by the born fool, supposed to be on guard higher up, must pass out by the pylorus. Erosion and irritation here are common. The pylorus is a sort of internal anus. Farther down the digestive tract is the midway point, the appendix, which is now removed so frequent that cancer of pylorus and anus can hardly help but be more common.

Ismay, Montana.

Barlow says:—"While Alcresta ipecac can not replace emetine in cases which can be seen daily, or in severe cases, it is superior in (1) cases where there is insuperable objection to hypodermics; (2) cases too poor or distant to make daily visits; (3) after treatment with emetine; (4) for carriers; (5) in Craigiasis, which requires emetine with ipecac that can be given orally."—*Ellingwood.*

When the hormone balance is properly sustained the functions of the body are found cooperating with each other in a normal manner, which results in perfect health.—*Ellingwood.*

SIMPLIFIED REFRACTION

By F. A. Weir, M. D.

The excuse for this article, is that there is no excuse for physicians not doing their own refraction. It is just as much your duty to prescribe glasses for a weak eye manifested by a headache, as it is to prescribe a brace for a weak ankle. You would not prescribe acetanilid for the weak ankle, then why prescribe it for the headache?

How many of you have sat idly by, with hands folded over your dignified paunch, and looked on while some spectacle peddler (cleaned) your town of several hundred dollars? Did it ever occur to you, that this business rightfully belongs to you and that your patients would prefer to have you, their family physician fit their glasses?

Well, now, after the above little friendly punch to your solar plexus, I will give you a short cut course, not found in the books. It is perfectly simple. All that is necessary is an understanding of the following conditions and the method.

Definitions

Emmetropia—normal vision, when parallel rays of light are focused exactly on the retina.

Ammetropia—abnormal, when parallel rays are not focused on the retina.

Hyperopia—farsighted when parallel rays are focused behind the retina.

Myopia—nearsighted, when parallel rays are focused in front of the retina.

Astigmatism—is that form of ammetropia in which the refraction of the several meridians of the eye ball is different. We have:

Simple Hyperopic Astigmatism—one ray on the retina and the one at right angles to it, behind the retina.

Simple Myopic—one ray in front of the retina and the one at right angles to it, on the retina.

Compound Hyperopic Astigmatism—both rays behind the retina.

Compound Myopic Astigmatism—both rays in front of the retina.

Mixed Astigmatism—one ray in front of the retina and the one at right angles to it, back of the retina.

As an example of these conditions, we will let a straight vertical line represent the retina and a horizontal ➤ the rays of light.

Emmetropia—both rays on the retina.

Simple H. A.—one on the retina, one behind.

Simple M. A.—one on the retina, one in front.

Compound H. A.—both rays behind.

Compound M. A.—both rays in front.

Mixed Astigmatism—one ray in front and one behind the retina.

The object of refraction is to bring the rays of light to a focus on the retina. We do this with lenses. We will now take up the different lenses and their action.

Lenses are made from glass spheres and cylinders and are plus + and minus —, according to the way they are ground. Convex +, Concave —. Spherical lenses refract rays of light equally in all meridians.

Cylindrical lenses refract rays of light at right angles to their axes only. Convex spherical lenses are known as converging, magnifying positive or plus lenses. Concave spherical lenses are known as diverging, reducing, negative or minus lenses. A plus lens brings the rays of light to a focus farther forward and corrects hyperopia. A minus lens brings the rays to a focus farther back, and corrects myopia.

A plus or minus cylinder has the same action at right angles to its axis. Looking through the axis of a cylinder is the same as looking through plain glass, while turning the cylinder to a right angle or 90° from its axis gives its refraction and corrects astigmatism.

In the trial case, plus lenses are made with silver rims. Minus lenses with gold rims. They are numbered in diopters from 0.12D—up to 20D. The unit is one diopter and has its principal focus at one metre.

Technic of this method of refraction, under the old method, a great deal of time is wasted in trying to find out the patient's error of refraction without success. Atropine was instilled for three or four days. Then they were tested by retinoscopy, opthalmoscopy and finally the trial case, each method yielding a different result, after which the refractionist tried to compromise by taking off a little all round and made as good a guess as possible. They all disagree on the amount to take off, so it is a sort of a hit or miss proposition. With this method there is no guess work, we know exactly what to prescribe. We do not fool away any time on atropine or the patient's error of refraction to start with, but deliberately produce a known error as follows:

First step—Take the patient's vision in the naked eyes, separately and make a record of it. Have the patient and test type twenty feet apart and in a good light. Now place the trial frame on the patient, adjust the bows to a comfortable position, and the eye cells so that the patient's pupils are exactly in the center. Now place a black disk in the left cell, which blinds the left eye. Now ask the patient to read the letters on the chart from the top down to the last line that he can read distinctly. We will say he reads the fifth line which is $\frac{20}{30}$ or in other words he can only read at twenty feet, the line he should read at thirty feet. Make the record thus:

Right eye vision $\frac{20}{30}$. Call this the Key. Now place the disk over the right eye and proceed the same way and we will say, just to make it easy, that he reads $\frac{20}{30}$ with the left eye. Now finish the record.

Left eye vision $\frac{20}{30}$. Now place the disk over the left eye again and leave it there until you finish testing the right eye. Place in the right cell in front, a plus six sphere, this transforms the case into an artificial myope and at the same time puts the ciliary muscle at rest. (Atropine).

Now, gradually come down with weaker lenses 0.25D at a time until the patient reads $\frac{20}{30}$ again. "The Key," stop right there. We will say that the lens, which gave the patient $\frac{20}{30}$ is a plus one. Now test for astigmatism by having the patient look at the clock dial chart, ask him if all of the lenses look the same or are equally black. Patient says the lines are all black. No Astigmatism.

Now, complete the test. Place a +0.75 in and then take out the +1.00. Ask patient to read the lines again. He reads the 6th line distinctly, which gives him $\frac{20}{20}$ or normal vision. Both rays of light are focused on the retina. Now, place a +6.00 over the disk in left cell before taking it out to cover the right eye. Now test the left eye in exactly the same manner and we will suppose that the result is the same as for the right eye. No Astigmatism and a +0.75 sphere gives $\frac{20}{20}$ vision. Your prescription to the optician would read

R. E. +0.75 Sphere
L. E. +0.75 Sphere

You have corrected simple hyperopia.

If the patient was a myope, you would gradually go down until you had exhausted all of your +s, then begin with your weakest minus sphere −0.12 and increase very carefully, so as not to get too strong a −s.

We will say that the patient reads the third line with each eye — vision $\frac{20}{70}$ — The Key. A minus fifty sphere −0.50 S gives $\frac{20}{70}$. Lines on clock dial all black.

Now, gradually increasing, we find that a minus one −1.00 sphere gives $\frac{20}{20}$ in each eye. You have corrected simple myopia. Both rays are on the retina. Your prescription would read

R. E. −1.00 S
L. E. −1.00 S

Astigmatism is the next error to consider. Proceed as before. Take the vision

R. E. V. $\frac{20}{40}$
L. E. V. $\frac{20}{40}$ The Key

Reducing the spheres from +6.00 down to +1.00 gives $\frac{20}{40}$ in each eye. Now try the clock dial—the vertical lines from 12 to 6 are very black while the horizontal lines from 9 to 3 are much lighter.

12 to 6—Axis 90°
9 to 3—Axis 180°

Now remembering that a cylinder refracts at right angles to its axis, we take a −0.25 cylinder and place it over the +1.00 S and turn it to axis 180. Patient says that the lines are still black from 9 to 12, but not as pronounced. Take out the −0.25 C and use a −.50 C axis 180. Patient says the lines are all equally black. Left eye gives the same result and patient reads $\frac{20}{20}$ with each eye. You have in the frame a +1.00 S combined with a −0.50 C axis 180.

R. E. + 1.00 S −0.50 C axis 180 = $\frac{20}{20}$
L. E. + 1.00 S −0.50 C axis 180 = $\frac{20}{20}$

You will notice that this is a more complicated prescription than the previous ones. However, you would not send the prescription in this form to the optician as it would be expensive, so you transpose it.

TRANSPOSITION

Is changing the shape of a lens without affecting its optical power. To transpose a sphero-cylinder combine the sphere and cylinder for the new sphere and change the sign of the cylinder, and the axis 90° so we transpose the above prescription as follows:

+1.00 S
—0.50 C

+0.50 S = the new sphere

Thus the final prescription to the optician would read

R. E. +0.50 S +0.50 C axis 90°
L. E. +0.50 S +0.50 C axis 90°

You have corrected Compound Hyperopic Astigmatism. This is the most common of all forms of refraction, 44%.

In Compound Myopic Astigmatism, you refract in the same manner except that you use minus spheres and cylinders which you do not transpose, but write the prescription the same as you find it in the trial frame. The cylinder will usually have its axis at 180° or within 45° of 180°.

Simple Hyperopic Astigmatism is corrected by a plus cylinder axis 90°.

Simple Myopic Astigmatism is corrected by a minus cylinder axis 180°.

Mixed Astigmatism is corrected by a plus cylinder combined with a minus cylinder. The same result can be accomplished with a sphero-cylinder (cylinder always stronger than the sphere). This will generally work out properly in the trial frame. The sphere will correct one meridian, while the cylinder will correct the opposite meridian.

Example of a crossed cylinder

+1.00 C axis 90 −2 C axis 180

Transposed into a sphero-cylinder

+1.00 C
−2.00 C

−3.00 The new cylinder

The prescription would read

+1.00 S −3.00 C axis 180.

PRESBYOPIA (OLD SIGHT)

This is not an error of refraction, but is a physiological change which affects the eye, commencing between the fortieth and forty-fifth year. As a result of which the near point recedes beyond the distance at which we are accustomed to read ordinary print. This distance is about nine inches. Generally, however, the adult holds print at about thirteen inches. At forty-five our near point has receded to eighteen inches, too great for comfortable and continuous near work, hence we supply the defect in the power of accommodation by a plus lens of sufficient strength to bring the near point back to thirteen inches.

In patients past forty, with any of the above errors of refraction, remember that they may be presbyopic, also, and will need a reading glass in addition to their previous correction. Either two pairs of glasses or bifocals. A prescription for bifocals would read

R. E. +1.00 S
L. E. +1.00 S Add for reading +1.00 Sig., Bifocals.

Optical houses furnish blanks for prescriptions also directions for measuring frames and mountings. Fitting sets are a great convenience for physicians in the country.

This article does not pretend to cover the whole field of refraction but it is quite sufficient for practical purposes for the general practitioner. Space forbids the description and uses of the retinoscope and ophthalmoscope. The reader is advised to study these valuable aids to diagnose in any good text book on refraction. Fitting glasses will add from $500.00 to $2,000.00 a year to your income, and it is very pleasant work.

NOTE: The first glass should not be taken out until the next one is placed in the frame Never leave the eye uncovered.

Joplin, Mo.

FOOD VALUE OF FRUIT, ITS ANTISEPTIC BEARING ON HEALTH AND A REGULATOR OF PHYSIOLOGICAL FUNCTIONS

By M. O. TERRY, M.D.
Ex-Surgeon General, S. N. Y.

Fruit as an antiseptic and meat as a putrefactive; fruit as a laxative and emolient while meat constipates and engorges tissues; fruit dissipates odor while meat generates stench in intestines. With regulated bowels excluding meat, no appendicitis.

Much has been written in recent years of the effects of bacteria, or toxins, as they circulate through the intestinal tract. Unquestionably, many diseases have their source by this method of infection. There are a great many bacteria in the feces, which are non-pathological, but streptococci, staphylococci and bacilli exert their systematic effects and, again, they are kept under control by the phagocytes.

Organized food from an animal source more quickly becomes seriously unfit for sustenance, owing to the tendency to putrefaction, therefore, if much meat be eaten and constipation exists toxins are developed, the poison exhausts the strength of the individual as well as saps the life and energy so essential for the performance of valuable work. The stench of the stools often show the grade of infection of the alimentary canal. In most instances it is a barometer which should be carefully watched. If it be noticed, meats should be omitted and laxative food substituted. It is one of the peculiar gifts of location that the fruits and vegetables, which thrive the best, are the best food for the region. All fruits and vegetables are complex in make up, varied in constructive elements, so arranged in its respective elements, as to be adapted to various conditions in health and to correct aberrations of the same. Limes, lemons, grapefruit, oranges and the like contain antiseptic oils in the skins, and citric and malic acids according to its sourness. There is a form of fungi, the penicillium, which forms on fruit of this class which, it appears to me, makes it advisable to wash the skins well before biting it. Grapes are rich in tartaric acid and the skins in tannin. The food value of the grape is, perhaps, greater than most fruits. It contains from 12 to 28 per cent. of sugar and about 2 to 3 per cent. of nitrogenous substances. The seeds contain tannin, starch and fat. The skins contain tannin, cream of tartar and coloring matter. The stems contain tannin, divers acids and mucilaginous matter. The value of the juice made from any grape is determined by the relative proportion and composition of these various parts.

Pineapples have 13.9 per cent. solids, .056 per cent. protein, .576 per cent. acidity expressed, 9.10 per cent. reducing sugar and 7.40 per cent. cane sugar.

Oranges range between 13 and 14 per cent. solids, .627 per cent. acidity, .486 protein, 10.66 reducing sugar and 5.25 cane sugar.

Grape Fruit has .381 per cent. of protein, .540 per cent. acid, citric, alkalinity and potassium carbonate, .589, 3.11 reducing sugar.

Limes have 5.26 per cent. of acid and 2.33 of sugar.

Tamarind or *Tamarindo* contains the highest per cent. of acid and of sugar, the latter being 30 per cent., which is marked by the amount of acid to such an extent as to scarcely be detected, except by the after taste. This fruit, used largely for refreshing summer drinks, and flavoring soda-water syrups, contains mild purgative properties. We believe it is used in preparing the confection of senna. A preparation called Tamar Indien I formerly used, which is, undoubtedly, made of this fruit. The *Banana* (Plantano) is the principal food used by a class in Cuba and its use has extended greatly in this country. It contains 1.7 per cent. proteids, 1.6 fats, 25.7 starch and sugar, or total food units of 28.8 per ounce. It is stated that owing to the varied nature of reducing sugars found in fruit products it is, at times, expressed as dextrose, but in no case is reducing sugars pure dextrose. With pure fruit and fruit juices the reducing sugars are made up of practically equal parts of *dextrose* and *levulose*.

Constipation is a fearful blockade of the physiological processes. It is the cause, in my opinion, of more than three-fourths of the cases of appendicitis. I almost dare say 95 per cent. for assuming that bacterial infection produces toxicity and appendicitis being the sequela, as many surgeons have asserted, you can readily see the importance of an active peristalsis. Now it is just here where fruit plays an important part. Its watery elements and acidity in a complex state appears not only to arrest putrefaction, but by its solvent action allays irritation and acts favorably as a laxative. It will be noticed by an experimentor that grape fruit for breakfast without meat will be a good beginning. That some sort of fruit or a variety should be on the table. It should be there as a reminder of its efficiency for your well being. By partaking of it you will avoid the temptation of eating too much solid food and it will be a sentinel protecting you from the plethora of excessive nourishment. Yes, fruit should always be on the table as an indespensable auxiliary for the maintenance and continuance of healthy physiological life. Remember that the stench of the stool means the suspension of *meat products* and the resort to the more *laxative fruits.* Certainly cereals and nuts will take the place of meats, especially if a good selection be made from the vegetable kingdom. Begin the day with a glass of hot water, with vichy, if you want your stomach cleansed and your kidneys cleared of uric acid or other products separated through this important organ, then follow with the antiseptic, health-giving fruits and your toxins will largely vanish and good spirits will take place of depression as will activity supplant lethargy.

Mamaroneck-on-the-Sound, New York.

SOME IMPORTANT SUGGESTIONS

By J. G. B. Bulloch, M.D.

It is quite gratifying to see the rapid strides which are being made in hygiene, and to read the many and excellent suggestions in regard to sanitary matters, and especially in the earnestness displayed in the endeavor to find the cause of diseases, by many who make diligent search to get at the bottom of those difficulties which menace the race. Yet there is one of prime importance which is apparently overlooked; the lessening of the hours of labor to a much greater extent than is now in vogue. What is the use of attempting to stamp out disease if all the while the human being is kept at work and leads a monotonous existence.

If the system is depleted by excessively long hours, does it not become unfit to cope with disease? Suppose even there is no disease to combat, does not confinement, with its attendant nervous tension liberate posions which are deleterious to the body? Why, then, should some starve while others dwell in ease and comfort? Let us then, as medical men, begin propaganda for the lessening of hours of labor, if we desire a strong set of men, women and children to fight our battles, or if we desire a happy universal brotherhood.

It looks as if we are prone to suggest new theories, and that at the last new one, the whole body immediately jumps at erroneous conclusions and are ever ready to accept some plan advocated by those who are also ignorant of the true condition of affairs.

One of the new-fangled notions now at the fore is the so-called fresh air in the treatment of tuberculosis and other ailments. Now, there is a vast deal of difference in living an out-door life in tents, and in the country; particularly by those who require upbuilding of their constitutions, and between those cases who have tuberculosis and live in the city, or are far advanced with the disease. Again, there is a very great difference between fresh air and draughts of air, which cause congestion and thus create a focus by which bacteria can be propogated.

Delicate children should not be exposed to draughts, nor should any child be kept for hours in the cold, as has been done to my knowledge; for in this way are invited forms of congestion of the stomach and bowels and other complaints which are of serious import. Nor during damp—what might be called pneumonia weather—none of delicate constitution should be exposed to the inclemencies of such a condition. As there is more oxygen in cold weather, one can see the damage which might be close to diseased lung by too great inhalation of oxygen; thus causing an increased combustion in an already weakened constitution. A few hours in the air in good, bracing weather, if the individual is well clothed, may benefit; but is there any record to prove that fresh air alone ever cures tuberculosis?

The best lesson ever taught the writer as to the damaging effect of too much air occurred upon the Sioux Reservation. At certain times of the year the Indians would bring in their families to get rations, traveling at least thirty miles to the Agency, leaving their closed huts and camping in their tepees on the cold ground. At this particular time there was an epidemic of whooping-cough, and by exposing the children to the vicissitudes of an altered environment there consequently arose among the babies that fatal disease in the young, capillary bronchitis, from which many died.

Do not let it be imagined that the writer advocates closed rooms, or that he is opposed to fresh air, but let it be understood that, undoubtedly more persons are injured by draughts of air, more surfaces are chilled and more disease germs inhaled than would be were ventilation properly understood and scientifically practiced. Then in the cities a sleeping porch exposed to the dust of the streets may be very detrimental to health, and in the country, to a certain class of patients may hasten the end, if occupied at extremely low temperatures.

The Octavia, 1669 Columbia Road, Washington, D. C.

SCARLET FEVER

No specific organism responsible for this disease has ever been isolated—at least we have never heard of it. The streptococcus is perhaps always to be found in the throat, but just what rolé this germ plays in the disease we do not know. The streptococcus appears in so many other conditions aside from scarlet fever. As just stated, we do not believe the contagious element has ever been run down. The old theory was that the scales were the greatest source of the contagion. That opinion has in recent years been considerably reversed. It is now quite generally recognized that the greatest danger of conveying the infection to others is during its incipiency and early stages. The throat and nasal secretions and the exhalations from the respirations seem to be the greatest source of it. Scarlet fever and the other eruptive and exanthematous diseases are growing milder in severity all the time.

A CASE OF CANCER—TREATMENT AND CURE

By Samuel King, A.B., M.D.

Mr. F. L., aged 72, of this city, was sent home three years ago from Kansas City to die of cancer of the stomach. Several physicians of that city had diagnosed his case as such and told him there was no help for him.

After his arrival home two local physicians were called in to relieve him and treat the case. They both agreed with the western physicians in their diagnosis, and told the family that there was positively no help for him. They left orders to give him enough morphine to keep him quiet, to give him anything he desired in the way of food and drink as it would make little, if any, difference in the result.

I was called into the case January 8, 1913, and found the following symptoms and conditions: Severe cutting, lancinating pains about two hours after eating, in the region of the stomach. These pains often extended to the back and he said sometimes he thought his back would break in two. At other times there were twisting, griping pains. He also complained of an intense burning in his stomach like coals of fire. He had been vomiting for some time a sour fluid that set his teeth on edge. The day I was called into the case he had vomited the dark coffee ground vomitus of cancer.

On examining the region of the stomach a tumor could be easily felt near the pyloric end with an indurated base of about three inches. This was very tender to the touch. He could not bear the weight of my fingers upon it or his clothing or bed clothing to touch it. His tongue showed a dirty brown coating. His pulse was weak and rapid. He had lost rapidly in weight and was very much emaciated. He was taking one-half grain of morphine every 4 to 6 hours for pain.

Treatment

To act upon the cancerous growth or tumor I gave 5 drops of acetic acid 1X dil., and 3 grains calcium fluride 6X, once in 4 hours. For the catarrhal condition present and for its tonic effect upon mucous membrane I gave 20 drops Lloyd's colorless hydrastis and 3 grains nux vom. 4X also for its tonic effect once in 4 hours. Since acids have a tendency to neutralize calcium, I gave the calcium fluride with the hydrastis and the nux vom. with the acid. I alternated the two combinations, which would bring them two hours apart.

For the burning pain in the stomach I gave 3 drops of Fowler's solution once in three hours, until this condition was relieved which took about five days in his case.

For the gas and bloated condition of which he complained so much, I gave carbo. veg. 3X, 3 grains once in 2 hours, until patient was more comfortable. He complained sometimes of severe colic pains in the bowels in addition to the bloat. For this I gave him a teaspoonful of dioscorea in a little warm water once an hour until relieved.

To balance up and restore the nervous system I gave kali phos. 3X once in three hours, and to relieve the tension on the nerves I gave at the same time with the kali phos. 3 grains of mg. phos. 3X.

Each remedy was given until the symptom for which it was given had disappeared, then it was discontinued.

Diet

He was given ice cold buttermilk and milk, one tablespoonful once in two hours, until he was able to keep warmer foods down, which I think was two days. Then followed malted milk, Eskay's food, rice, cornstarch puddings, fruits of all kinds except bananas, and many of the vegetables, and soups.

I forbid coffee, tea, meats of all kinds, eggs, fried articles of all kinds, fats and greases, alcohol in any form and morphine.

The above line of treatment was followed in this particular case for a period of three months. (During the first two weeks I gave him two hypodermics of H. M. C.) The tumor gradually softened and disappeared and the digestive powers of his stomach became normal. He is now 75 past, and is feeling and looking fine for his age, and with no return.

I would like to add that to the tumor and region of the stomach externally I ordered applied a cloth wet with acetic acid 1X dil., changed every half hour for two or three hours each day, usually in the morning or forenoon. In the afternoon I ordered the same application of epsom salts solution for about the same length of time. These applications are usually kept up for one week to 10 days.

My treatment of all cases of cancer is to correct the errors of diet and faulty habits of living, then assist nature with the proper therapeutic agents, and nature will cure 75 per cent. to 90 per cent. of all cancer cases.

Warren, Pennsylvania.

LET'S TALK IT OVER, BOYS

By "Old Doc"

Howdy boys! How do you come on this fine frosty morning? How is your practice? Good, eh? Well, I'll tell you they have been keeping "Old Doc" on the go day and night here of late. It seems that summer and winter diseases are pretty well distributed. On one side we have continued fevers and on the other we have colds, croup, pneumonia, etc. So there is always enough work to keep us busy. This is a hustling season of the year anyway. You know Christmas is just over the hill and if we old, every-day doctors who have to diagnose and treat every-day diseases in the poor as well as the rich, expect plenty of hoecake and something to sop it in this winter have just simply got to get up and sift. For times are hard and money is scarce and everything running pretty much on the ragged edge. Now to deny the facts or hedge around them only makes matters worse. Now this is a fact and not a theory we are bucking up against right now, but we have got to face it and do the best we can. So there is no use for us to kick up our heels, froth at the mouth, burst our Sunday breeches and curse, for this isn't a cursing matter, if it does look like it. So, boys, let's not curse, it isn't best. We should just sit upon the hub of the wheel of time and everything will roll around all right in the course of a thousand years.

But that isn't got a blooming thing to do with what I started out to tell you. I started out to tell you about a case I was called to attend a short time ago. Mr. Grice called me by 'phone to come down to see his two-year-old baby as quick as possible. Said he thought it was dying and if I did not hurry it would die without help. It was an awful stormy night and as dark as a stack of black cats. I could not see which side of my head my eyes were on. But I just rushed out anyway and soon had old Dolly hitched up, grabbed my old medicine pouch, jumped into my buggy and split the wind to his shack. Entering the sick room I noticed all the family crying except the old man; he was scared so bad he couldn't cry. His wife said to me, "Oh, doctor, please relieve my baby." I told her that I would do all I could for it, but I did not think there was any hope for it. The baby was lying in bed, head thrown back, eyes protruded, turned up and glassy, face cyanosed, harsh, croupy cough, metallic character. Could not swallow anything, gasping and struggling for breath; temperature 103, pulse rapid and thin. The family was scared so doggone bad I couldn't get any history of the case. So I just put my old thinkeratus to running like a Ford automobile when you shoot the gasoline to it. I thought of catarrhal croup, membranous croup, choking quinsy, Kopp asthma, diphtheria and the Lord only knows what else, but no time for diagnosis; something had to be done at once. Gosh, boys, I felt awful lonesome until I found I had three of my good old friends with me—subculoid lobelia, bichromate of potash and calcidine. Then I just reached out and got a good grip on my nerves, pulled out a bottle of subculoid lobelia, dropped 20 drops into my syringe and gave it hypodermically, and applied cloths soaked in carbolized magnesia as hot as could be borne to neck and chest. Also had four ears of boiled corn placed around the baby. Waited fifteen minutes, no improvement; so I injected 15 drops more of subculoid lobelia. In one hour cough was looser, breathing better and could swallow. Then I gave bichromate of potash, 1-268 grain every fifteen minutes until four doses were given. Then directed it given every 4 to 6 hours until throat symptoms abated. I left calomel, one-eighth grain, to be given every hour until eight doses were given, followed by oil and turpentine, and the following:

℞ Dosemetric trinity granules (W. A.) No. IV
Elix. lactopeptine.................. ℥ij
M. Sig.—ʒj every two hours if required, to control fever.

Called the next day and found the baby somewhat better, but still hoarse and coughing croupy. Continued treatment and injected 10 drops of subculoid lobelia every eight hours. On my third visit I found all symptoms better but the circulation a little weak; so I discontinued above treatment except calcidine and gave brucine, grain 1-268; digitalin, grain 1-268; cactin, grain 1-268 every two or three hours as required to control hearts action; and double sulphide of calcium grain 1-8 every 4 hours also directed oil to be given every day if required to keep bowels open. Called the fourth day and found the baby getting along so well that I dismissed it. It quickly recovered. Now, if there is anything in this old world that makes me feel sad it is to stand by a baby apparently choking to death and its mother begging for something to relieve it. When I first saw this case it looked to me like there would soon be a funeral in the house, but all dangers are not death. So I believe we should go slow in making an unfavorable prognosis. In my opinion it is wrong for us to tell our patients that there is no hope for them, for it is not true. Hope is man's birthright and he should live in its sunshine until the great change comes. Well, boys I will switch off for this time, wishing you all a happy New Year.

THE RESPONSIBILITY OF THE GENERAL PRACTITIONER IN THE DIAGNOSIS OF SENILE CATARACT

By D. T. Atkinson, M.D.

A general practitioner said to the writer some time ago that he gave little thought to eye diseases and felt practically no responsibility in his cataract cases for this he shifted to the shoulders of the ophthalmologist, to whom he sent them when ready for operation. Unfortunately, this is the attitude taken by a large per cent. of the medical profession. An attitude which is altogether unjustifiable, as demonstrated by the hundreds of glaucoma cases which are every year mistaken for immature cataract. An error which results not only in destruction of vision but often in loss of the globe as well. In the office of a colleague in a nearby city, not long ago I saw a patient which had been sent to him for a cataract operation. This patient lived in a remote portion of the state and was in such poor financial circumstances that one visit to the oculist was all that he could arrange to make. His eye had begun to fail six months before, the vision gradually diminishing until fingers only could be distinguished. This patient had some infection of the conjunctiva with more or less pain, which was thought to be due to the conjunctivitis. He had been under the observation of two physicians until he was sent away for operation. The case was one of glaucoma and the eye was already lost as far as vision was concerned.

It is easy to see why this error was made, and is being made almost daily. The physician has in mind the change of color in the pupil observed in cataract and while noticing the greenish-white hue of the lens, as seen through the pupil, overlooks the dilatation of the pupil and other symptoms which may be transitory, and mistakes the condition for cataract.

The largest per cent. of the population of my own state live long distances from the cities, and do not have access to the office of the eye surgeon. The same condition exists in other less densely populated states. Under such conditions it would seem imperative that the general practitioner should correctly diagnose eye conditions, especially those of such grave importance as iritis, glaucoma and cataract. By observing a few simple principles which I have attempted to illustrate in this article, no one can easily be mistaken in recognizing cataract and differentiating it from glaucoma, optic nerve atrophy, glioma and other vision-destroying diseases.

The general practitioner in the rural districts should not only be able to correctly diagnose cataract, but he should be prepared to advise his patient when to have the operation done. A common error is to wait until the lenses are over-ripe; in other words, until the retina has become insensitive from disuse. I have seen several such cases which might easily have been successfully operated upon had the patient not waited too long. It seems to be the general impression that a partly ripe cataract cannot be removed successfully, and this is often responsible for the over-ripe cataracts we see. The facts in the case do not bear out the validity of this opinion. We have seen partially ripe cataracts remain stationary for years, the unfortunate possessors being deprived of their vision for many dreary months while they waited for the ripening of their lenses, the retina daily becoming less sensitive from disuse. It is infinitely better to operate these cases after the process of ripening becomes stationary, than to allow them to wait; to commit them to partial blindness for months or even years, without any assurance that the long looked forward "ripening" will be complete. The objection that secondary cataracts which often occur in these early operated cases subjects the patient to unnecessary risk is not well taken in these days of surgical technique, which is so well perfected that the globe can be entered repeatedly with little danger to its structures.

In incipient cataract a number of premonitory symptoms may be observed by the patient before any change can be seen by the unaided eye. The patient is very liable to have improved vision for reading. He may notice that, though he has been accustomed to reading with glasses, he now sees without them, or has "second sight" as the laity call it. This phenomenon is the result of a swelling of the crystalline lens, its thickening producing the same effect that the previously worn glasses did. Just here the swelling of the lens, which pushes the iris forward, making shallow the anterior chamber, must be differentiated from a like symptom seen in glaucoma. It is surprising how often this mistake is made and the most wary in diagnosis should be on the alert when this phenomenon presents itself. It may be well to remember that this symptom sometimes occurs in cataract before there is any visible cloudiness of the lens.

The most frequent premonitory symptom of cataract is a cloudiness of the vision. The patient complains of seeing spots or cobwebs before the eyes. His glasses, if not discarded, do not fit and he finds that he sees much better with weaker or less convex lenses. When the opacity is central he sees much better on a cloudy day, this being due to a greater dilatation of the pupil which enables him to see around the central opaque spot in the lens. In peripheral opacities vision is bad except in bright weather when the pupil contracts, shutting off the hazy portion of the lens.

Many patients go blind annually as a result of the popular notion that cataracts in diabetic subjects cannot be successfully operated upon. The statistics of the last ten years show beyond the question of a doubt that this time-worn opinion is a fallacious one. It is remarkable that some of these old medical fads stick to us in about the same manner that they became the mental armamentarium of our lay brothers.

There are few conditions which are as simple to diagnose as that of senile cataract. With the ophthalmoscope it is done in a moment. The general practitioner, however, is not familiar with this instrument as a rule, so let us suppose we are to examine a case in the country without any equipment, and at the same time be as certain in our diagnosis as if we had all the modern paraphenalia at hand. First, let us take a candle and hold it in front of the pupil of the eye to be examined. The flame of a candle thus held shows three images in the normal eye, one caused by the cornea, one by the anterior surface of the lens, and one inverted picture on the posterior surface of the lens. If the lens is opaque, a shadow of the flame will be seen on the cornea; a very faint one will be seen on the anterior surface of the lens, but there will be no third image. In other words, two shadows, a bright and a dim one, instead of three bright ones, will be reflected from the pupil. This is an absolute and never failing test for cataract.

Now let us hold the candle beside the pupil. We will see a shadow of the iris on the opaque lens. This is never seen except when opacity of the lens exists. The more opaque the cataract is, the darker will be the shadow. The test is infallible.

Now let us take an ordinary oil lamp with a reflector on it, and direct the light into the eye. No red reflection or "glare" is seen. There will be noticed, however, a greyish condition of the pupil and "flows" or striæ will be seen in the lens. In this we have another absolute diagnosis for cataract. Before making these tests it is necessary to dilate the pupil somewhat. For this atropine should not be used, as it predisposes to glaucoma. A mild mydriatic should be used and to make the procedure safer it is better to distil a weak solution of eserin in the eye following the examination.

612 Wilson Bldg., Dallas, Texas.

CARBUNCLES AND FURUNCLES

By J. C. Bateson, M D.

Derivations—The word carbuncle, in Latin means live coal, and in Greek, anthrax signifies the same thing. While furuncle in Latin stands for thief or knave, pathologically it is synonymous with the term boil, which is too well known to require a definition.

Trench says: "If a boil in the language of your poorer neighbor becomes a 'bile,' count that they have done no more than retain the older and indeed the regular pronunciation which you have left behind."

History—Furuncles are mentioned in the earliest period of mankind. In the Bible we read that 1500 years B. C., the people and animals of Egypt were afflicted with a plague of boils or blains (Ex. 9:10). And that Job was smitten with boils from the sole of his foot unto his crown (Job 2:7).

Several varieties or types of boils are recorded in medical literature, such as Aleppo boil, or button of d'Alep; Bulam, a boil peculiar to West Africa; Delhi, or fever boil, prevalent in India; Parulis, or gumboil; Blind-boil, one that is imperfectly suppurating as in Acne indurato. Small or secondary furuncles are named cat-boils by the laity.

Characteristics—While similar in nature to a furuncle, a carbuncle is much larger and always more serious. It begins as a flat, painful swelling, or phlegmon, covered by a tight reddened or purplish skin, and later becomes thin and perforated with two or more openings which discharge pus. Following this process, a necrotic mass is in readiness to be thrown off, and when that takes place an open, crater-like cavity is left to heal by granulation.

A furuncle is cone-shaped and very readily heals after removal of core, which consists of pus and dead areolar tissue. The chief distinction, other than size, is that carbuncles appear singly, while furuncles may come in groups.

Carbuncles are usually found in the cervical region or back, and on persons past middle life, while furuncles occur anywhere on the body and at any age. Of course, furuncles or boils always happen on some part of the anatomy where least welcome, but in no case is there any logical proof that they are worth five dollars a piece, as those with idle fancy would have us believe.

Diagnosis—Carbuncle or furunculosis may be confounded with anthrax, a specific disease produced by the bacillus anthracis, derived from cattle and sheep affected with splenic fever, and characterized by gangrenous, carbuncle-like lesions. Then again, furunculosis may resemble equinia, a contagious specific disease derived from the horse and due to the glanders bacillus, which is rarely transmitted to the human subject.

Etiology—Carbuncle or furunculosis is due to local infection with pyogenic or pus-producing micro-organisms, particularly the staphylococcus aureus, a species common in cancer ulceration—saprophites. The pus from carbuncles or furuncles is infected with the same kind of microbe, and when inoculated will produce the original in man or beast. This is why the two names carbuncles and furuncles are here classed under one head.

Pathology—Hair follicles, sebaceous and sweat glands are the ordinary sites for the development of furunculosis. It may also result from traumatic injury of the skin, such as chafings produced by collar-bands or buttons, scratch-marks in eczema or scabies; from intestinal disturbance and the internal use of some drug as potassium iodide. Unna observed that most furuncles begin as a follicular impetigo, the cocci gradually extending along the hair to the base of the follicle and to the sebaceous glands.

Although furunculosis occurs in otherwise healthy persons, its development is favored by glycosuria and albuminuria, the eruptive fevers and promiscuous abrasions. As is well known, when diabetes, gout, anemia, or Bright's disease is present, the skin lacks power of resistance against infection.

Symptoms—"Painful as a boil" is a well-known saying, but according to the Christian Science theory, there is no such thing as a boil, or pain. It is "a belief in a pain and that belief is called a pain." (S. & H., page 153, 1908.) But surely no sane person is foolish enough to suffer from an imaginary boil.

A furuncle begins as a painful induration, showing itself as a rounded reddish prominence. The carbuncle begins as a flat, painful infiltration, accompanied by chills, fever, prostration and general disturbance, and is apt to terminate in gangrene; so that in the aged, debilitated, diabetic or alcoholic, the prognosis is often doubtful.

TREATMENT—Furunculosis in any form requires systemic and local treatment. Anything which will improve nutrition and increase vitality is in order. Salines, calcium sulphide, arsenous sulphide and diluted sulphuric acid in maximum doses act as excellent alteratives in such conditions. Sponging the entire body two or three times a week with a carbolized epsom salts solution is an effectual preventative against the spread of furunculosis. The urine should be examined for sugar and albumin. Also dental abscesses and other purulent foci should be carefully looked after.

If attended early, carbuncles or boils may be aborted by painting repeatedly with flexible collodion, iodine, ichthyol or thuja. A favorite lotion for this purpose is composed of salicylic acid and collodion. Some of the best authorities advocate that iodine or phenol with glycerin be injected into the oncoming boil, and then cover with benzoin and collodion.

Anodynes are needful to relieve pain and secure rest. Warm cataplasms. saturated with boracic acid or other antiseptic, may be applied to reduce tention and hasten suppuration; but should not be encouraged without strict precautions, otherwise there is liability of spreading the growth of germ infection to the surrounding parts. "Osteopathic" manipulation, or squeezing must not be practiced prior to an opening as such abuse tends to increase the infiltration and thereby the lesion.

When there is evidence of pus, an incision should be made, but not before. For gangrene, antiseptic compresses are necessary, as is absolute cleanliness. In refractory furunculosis, the X-rays are of distinct value, according to Shamberg and others. Where septic symptoms become marked, it is advisable to remove the affected tissue by surgical procedure followed by swabbing the cavity with carbolic acid, immediately neutralized with alcohol.

Since carbuncle or furunculosis is the result of local bacterial infection, superimposed by a previously existing toxin, the early and persistent use of properly selected bacterins, known as the opsonic treatment, is now the most scientific and successful employed; because it raises the specific defensive power of the individual, against the offending microorganisms.

For this purpose, a sterilized emulsion of cultivated staphylococci are used. The initial dose is 100 to 150 million bacteria subcutaneously; the second dose of 200 to 250 millions according to clinical indications is administered five or six days later, and other doses of 300 to 400 millions may be injected at like intervals. until the desired result is obtained.

Scranton, Pa.

THE TREATMENT OF DISEASE WITH ELECTRICAL CURRENTS—SOME CASES

By Zachariah Garton Jones, M.D.

(Continued from page 297, December number)

Case No. 4. Mrs. D. Age 39, a native of Missouri, and the wife of Ex-Secretary of State———, underwent an operation two years before consulting me for removal of the appendix, and one tube and ovary. She did not derive much benefit from it but, had been very nervous ever since. Her chief symptoms were nervousness, constipation, sleeplessness, exhaustion, vaginal discharge and hemorrhage which she said simulated normal menstruation but was profuse and at times very dark color. This she said was continuous and at times even amounting to severe hemorrhage that would last from two to six weeks. A short time before I saw her she had been advised to have the balance of the pelvic organs removed for what had been diagnosed as fibroid tumor. Arrangements had been made to go to the hospital the following day, but the hasty arrival of a friend averted her course and she was influenced to consult me before going to the hospital. She said she did not have confidence in any kind of treatment except an operation. My examination revealed a slightly enlarged uterus, that was soft and lacerated. I did not find any evidence of a tumor and told her that in my opinion her hemorrhage was due to a vaso-motor disturbance which caused the tissues of the uterus to become relaxed and "soggy," so to speak. There was some hypertrophy of the anterior portion of the cervix but that was no more than could be expected with a laceration such as she had. She concluded, after talking to me, to "try electricity", but as she put it, only as an experiment because she did not understand how it could be of any use in a case like hers. I began treatment the following day and the third day (she did not appear but instead wrote me a letter stating that) she had been urged by other physicians—two of whom were near relatives—to have an operation without delay and that she had decided to undergo it. I supposed that the operation had been performed before the letter reached me, but in about two weeks she came into my office and asked for treatment. I told her that I was not in a race to see who could get the case and that I would not accept it unless she would agree to continue under my care until I got through. She promised to do so and I started treatment again. After about four or five days she came into my office almost in a state of nervous collapse and told me that a surgeon had called upon her the evening before and had ridiculed her, and electricity, so hard that she was all torn up. I then forbade her to have any visitors, and also told her that she was not to talk about her troubles with any one. After this she got along very nicely and at the end of four weeks I excused her, but asked her to report to me upon her condition frequently and to come back for treatment for nervousness after two or three months if she did not get along as she should. All her symptoms had subsided at the completion of treatment except some little nervousness, and at her last report she told me that she was enjoying good health.

Case No. 5. Mr. E. a native of Missouri, gave me a history of having been afflicted with chronic indigestion and obstinate constipation for a period of nearly 30 years. At times he had severe attacks of intestinal obstruction "locked bowels" with pain that confined him to his home or to bed for several days at a time. All the physicians who had treated him up to that time had restricted his diet and had advised him to take daily purgatives and medicines for indigestion and to continue doing so indefinitely. He had been in bad health for a long time before he consulted me and medicines were not agreeing with him as well as they had sometime before. He was quite nervous, sallow look in the skin, his voice was weak, stomach was distended with gas and general soreness throughout the muscles.

I began his treatment with positive static spray over spine for the nervousness and vibrator over colon for the constipation, but did not derive any benefit from that plan so I abandoned it after about two weeks, and began using abdominal faradization and interrupted galvanization over region of colon, and continued the spray to the spine, but did not see that he was yielding to this method, so I resorted to Abrams' method of eliciting the spinal reflexes with rapid sinusoidalization but failed again. I began to use the supra-imposed wave over the 1st, 2nd and 3rd spinous processes with the indifferent electrode over the abdomen; and spinal galvanization for nervousness. After about ten days or two weeks of this method he began to show some signs of getting relief and within a few days the bowels became regular and he would drop off to sleep each day while taking treatment. From this on his improvement was continual and rapid until at the end of four weeks I excused him with instructions to report occasionally, and to return for further treatment if he should exhibit any indications of a return of his former trouble. He did quite well for about four months when he again applied to me saying that the bowels did not act one day and he thought a dose of purgative might help some, but, instead he found it necessary to take another dose the following night, and a third one the night after that, so he thought best to take a few more treatments before he got too bad. I treated him on alternate days for about three or four weeks and he went away on a vacation and for some time after his return home he felt quite well but about five or six weeks thereafter he noticed some "uneasy" feeling in the intestines and he applied to me again, but all symptoms subsided in a few days and he has been feeling quite well since.

This last plan of treatment is a modest deduction from Abrams' theory, in that, instead of interrupting the rapid sinusoidal applied to the 1st, 2nd and 3rd spinous processes to elicit the reflexes I used the supra-imposed which is the slow sine wave upon which is supra-imposed a rapid sinusoidal which produces reflexes, cellular stimulation and at the same time the slow sine wave exercises and massages the muscles and intestines.

Case No. 6. Mr. F, age 48, a native of Missouri, applied to me for treatment for varicocele. He said he sustained an injury when about ten or twelve years of age and for several years he thought he was ruptured but a few years ago he was examined by a physician and told that he was not ruptured at that time but that he was afflicted with varicocele for which he recommended an operation. He said that several times since he had contemplated resorting to an operation but each time had "backed out," but that for quite sometime past he had suffered so much pain in the left testicle that he decided to do something with it. The left spermatic cord was considerably enlarged and the left side of the scrotum was filled with a mass of enlarged veins. The left testicle was considerably prolapsed and he was in constant misery as he put it.

I began his treatment with thuja cataphoresis, and slow sinusoidal with the scrotum suspended in a cup of water and the indifferent electrode on the abdomen. He got relief from the pain within three days, although I used H. F. as a collateral application for the first few days. He continued treatment for two weeks and I excused him with the usual directions to report for a while. At the completion of treatment the testicle was much better drawn up than in the beginning although I advised him to wear a suspensory for some time. All the pain had subsided and the mass of varicosed veins had disappeared. I have heard from him several times since treatment and he reports feeling well.

Before closing I want to say to my reader that more progress had been made in the use of electrical currents in the treatment of disease in the last ten years than in all the time before put together. Any person who has not investigated the therapeutic efficacy of this method of treatment within the last few years is not prepared to advance an opinion upon its usefulness. It is deplorable that physicians will be content to remain in ignorance in regard to this simple, harmless and painless method of treating human ailments but will, through prejudice, condemn it without obtaining the slightest knowledge of its usefulness. Logic teaches us that one test of ignorance and intelligence is that the intelligent and educated person will not venture to pass an opinion upon anything until he has thoroughly investigated it and is able to tell why he accepts or rejects; whereas, the ignoramus will see or hear of something and he, at once, jumps at a conclusion and imagines that he knows all about it, and will even go so far as to tell others about it. Not infrequently a physician will procure a small household battery and imagine that he has all the electricity in the world, but, in fact, he hasn't any electricity in the true sense of the word, he only has what is commonly referred to as a torture machine.

Case No. 7. Mrs. G. age 55 a resident of Chicago, applied to me for treatment for a chronic bladder trouble of 34 years standing. She underwent a serious operation about 20 years ago but said that the pain in the bladder had been worse since that time than before. She had exhausted all the measures that she knew about or that she could learn of but they were all in vain. The pain was so intolerable that she was obliged to resort to morphine for relief and with this extreme measure she obtained only partial relief. She had about reconciled herself to go through life in misery. The chief symptoms of which she complained were pain in the bladder and a constant desire to urinate, but she was only able to void a few drops at a time and not infrequently she was obliged to resort to the catheter to empty the bladder. She told me that she did not have any faith in electricity and for that matter she had been informed by her former medical council in Chicago, and Ohio that there was no possibility of relief for her so I began with vaginal douches, hot stupes, bladder irrigations, etc. but utterly failed and at last told her that there was no relief unless it be in the use of electricity. After two weeks hard work with medicines and other measures mentioned above I gave her a treatment with electricity and she got some relief and had a fair night's sleep following. I continued this treatment one week and she was completely relieved of all pain but the urine was still highly acid and was irritating to the outside parts as it had been for years before. I then began treating her for the kidney lesion and after one additional week this symptom had so nearly subsided that she felt that she had received relief. At the completion of treatment she was thoroughly convinced that there was something to electricity and now she is an advocate of electrical treatments.

Case No. 8. Mr. H. a lawyer, was a patient in a hospital of this city and was referred to me for treatment for obstinate constipation that had resisted all kinds of medicinal laxatives and cathartics, and irrigations for two weeks. He had been given a thorough trial with saline waters, castor oil, all kinds of pills, calomel, rectal douches, etc., but had not had a bowel movement for fourteen days before he applied to me. He was showing some signs of auto-intoxication, his mind was dull, he was full of gas, and beginning to have pain. On examination I found a severe inflammation of the rectum and an intusseption of the sigmoid into the rectum which was also so severely swollen and inflamed that the bowel was occluded. He was somewhat nervous and realized the grave condition that confronted him and hence, was very anxious to have relief without delay. I told him that it would probably require two or three days for me to get any results. I began treatment to relieve the inflammation in the rectum so that I could replace the invaginated bowel and relieve the congestion and swelling. After the third day the inflammation had subsided and there was some signs of the bowels beginning to act. I left off the rectal treatment but continued the treatment for the bowel trouble and he began to have regular and natural movements daily. I continued treatment for two weeks and he went home apparently in good shape and I have heard from him since and he says that electricity saved his life and that he feels well again.

Case No. 9. Mrs. I. was referred to me for treatment for bronchial affection that had been diagnosed by two other physicians as tuberculosis. Arrangements had been made for her to go to the mountains for relief of a serious cough that had resisted all the ordinary cough remedies, tonics, etc. When I first saw her she was having attacks of coughing that came on early in the evening and would last until she became exhausted and would vomit then the relaxation would give her a short rest to be followed by another attack. I tried cough medicines for a short time (about 2 hours) but abandoned them because I found they were useless. I then gave her inhalations of iodine and carbolic acid in boiling water but got only partial relief, then I applied chloroform liniment to the throat with a like result. As a last resort, with medicines, I gave her inhalations of chloroform and found that she could get relief as long as the inhalations continued but very little longer. I could not find any evidence of tuberculosis and told her that I was of the opinion that her trouble was tracheitis and advised electrical treatment to that end. I gave her two treatments of pneumogastric galvanization and the cough ceased with the exception of an occasional "hack". I then advised tonics for recuperative purposes and she has not had any more trouble, for 3 years.

Case No. 10. Mrs. J. applied to me for treatment for bronchitis that had resisted all the common remedies for five weeks. Her symptoms were the same as described in the above case. I was unable to find any bronchial affection, although her former physician had diagnosed her trouble as bronchitis. The trouble was located in the supra-sternal notch which caused her almost intolerable attacks of coughing. I told her that I thought her trouble was tracheitis and advised electrical treatment. I gave her 15 minutes inhalation of ozol and she passed a fairly comfortable night. I gave her another treatment the following day and the cough had almost ceased. I continued treatment daily for one week and she has not had any more trouble except an occasional "hack" about the same as a person afflicted with a mild catarrh would have.

Westover Building, Kansas City, Mo.

ENLARGED PROSTATE

In the treatment of enlarged prostate, the use of saw palmetto and thuja in combination with four or five grains of chromium sulphate, four times a day has produced good results. The condition of the urine however must be watched and if any irritating constituent is present, this must be neutralized as frequent urination may be due to the condition of the urine instead of the mucal structures of the bladder and urethra as is usually the case.—*Ellingwood.*

It is surprising that the belief is general among civilized peoples that the pains and complications of childbirth usually are unavoidable and a severe or dangerous delivery natural.—*Ellingwood.*

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

"THE REWARDS OF MEDICAL WORK"

The following is a digest of an address by Dr. R. C. Cabot, of Boston, delivered before the Students and guests of Williams College as a part of the Edward Bok Foundation.

This is a medical age. The newspapers now demand medical topics. Perhaps no profession excites today so much curiosity and interest. In a degree, art and philosophy have given place to medicine. The first reward of medical work is public sympathy and approval.

But a greater reward is the feeling that all the powers resources are engaged by the practice of medicine.

The power trained in woodcraft and athletics, the keenness of sight and hearing, the deftness of hand, the application of powerful muscle are of little help to clergymen, lawyers, teachers, or financiers. The physician needs all these powers for success.

The microscope and the stethoscope call for the best eye and ear.

In the practice of surgery, particularly in the aid given a woman in childbirth, not only skill, but actual muscular strength gained in younger days, are taxed to their utmost.

The banker deals chiefly with men, the drygoods merchant with women, the teacher meets the young but the doctor is not so narrowed for he meets and must adapt himself to all nations, ages and sexes.

The flag of truce marks the third reward for physicians. In politics, in the strife between labor and capital, and in war, the physician is privileged to befriend both sides and to pass freely between the lines.

George Meredith said, "There is a school master in the breast of every man." The physician has a constant opportunity and duty to teach not only preventive medicine and how to live, but his advice is put into practice at once.

But above all, the doctor is forever lured on by science, by the pursuit of truth concerning the body and soul.

To the doctor are intrusted the most intimate and sacred confidences and to no one else. Family affairs and expenditures, problems of education, of morals, of sex and honor are inextricably mixed with the physical ills and often appear as bleeding wounds. Religion appears not as a speculative enigma but as a part of human agony.

If there is any human power which a doctor does not need, I do not know it. He "counts nothing human foreign to him."

All the deeper, more permanent hungers of the race in the search for truth and its spread in the love and service of mankind, in the deeper reaching after God, find their natural expression and development in the practice of medicine.

It is not a lucrative pursuit. It brings few to fame and renown. It is hard work never finished but its rewards are beyond those of any other profession.

UROLOGIC EXAMINATIONS

Dr. A. J. Crowell, of Charlotte, N. C. emphasizes the use of every available aid both for diagnosis and treatment in urologic cases, and illustrates his remarks by cases from his experience. The majority of ureteral stones can be removed by the injection of cocaine and oil, provided the ureters are normal and these are used early enough after impaction. The kidney functional tests, especially phenolsulphonephthalein and blood urea, are of the utmost value in determining the condition of the kidney before operation, and after prostatectomy the blood urea test, which must be used alone, is of the greatest value.—*Journal A. M. A.*

ABSTRACT FROM THE ANNUAL REPORT OF THE SURGEON GENERAL OF THE UNITED STATES PUBLIC HEALTH SERVICE

Perhaps the most important achievement of the year was the discovery that pellagra is a deprivation disease, resulting from a faulty diet containing an excess of carbo-hydrates. While the final experiments which led to this discovery have only recently been completed, the conclusion itself is the culmination of investigations extending over a period of seven years. The work has consisted of epidemiological field studies, actual feeding experiments conducted at numerous places in Georgia and Mississippi, and experimental research at Spartanburg, South Carolina, and other places.

Trachoma was combated in the Appalachian Mountains, where it is most prevalent, over 12,000 cases being treated. Surveys in certain states during the year showed that the disease is not an uncommon infection.

Great reduction in the incidence of malaria was obtained in localities where surveys were conducted. Drainage projects, rice culture studies and the conditions surrounding the impounding of water for power purposes were investigated in order to radicate as far as possible the disease in these areas. Scientific investigations of malarial infection showed that in the latitude of this country the most important agent in carrying the infection through the winter season is man, and not the infected, hibernating, Anopheles mosquitoes as was previously supposed. From the standpoint of prevention this is a discovery of considerable value.

STERILIZATION OF DENTAL INSTRUMENTS IMPORTANT

The possibility of the transmission of disease through the medium of dental instruments has probably been considered by every occupant of the dentist's chair. It constitutes one of the fears with which a patient is possessed the moment he adjusts himself for his period of treatment. Authoritative instances of the conveyance of contagion in this manner are extremely rare, its frequency not being determinable, although few will deny the possibilities of occurrences of this character.

The list of organisms which may contaminate dental instruments is formidable, but this does not mean that the diseases of which they are the causative factors necessarily ensue if they are accidentally carried into the mouth. Their presence upon dental instruments is, however, an indication of what the surgeons call poor technique. In surgery poor technique is usually attended with disastrous results, but in dentistry errors of this character may produce no ill effects. In spite of this relative freedom from danger, dentists are determined that their methods shall equal the highest standards.

Cleanliness should be the primary consideration in all dental operations. The white coat of the operator represents more than comfort: it is the symbol of neatness. The dentist who works with unclean instruments, who provides soiled linen, or who places a common drinking glass before his patient, should be judged accordingly. Fortunately, the members of the profession who do these things are criticized and suffer from loss of patronage, so that there is a strong tendency on the part of dentists to maintain their surroundings above reproach. With the sterilization of instruments some carelessness may manifest itself, partly owing to the fact that many instruments are injured by such processes, are too complicated to be treated in this manner, or that the public is not competent to detect errors of technique. However, the public is rapidly learning the value of aseptic methods and the proper equipment is now found in nearly all dental offices.

Thorough studies of the sterilization process have recently been made for dentists by the United States Public Health Service, at the request of various dental associations throughout the country, and in a recent publication of that Service detailed information will be found as to the accepted methods for the sterilization of all dental instruments.

Causes of delayed labor—occipitopost. position, short bag of waters, narrow brim, narrow outlet, large head, breech present., rigid os, and feeble pains.—*Rittenhouse.*

In analysis of my cases since 1900, short bag of waters stands second as a cause of prolonged labor.—*Rittenhouse, Bennett Med. College.*

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

COMMENTS ON THE DECEMBER SUMMARY

Editor Medical Summary:

"Our critics are our best friends."

Let us take this for our text, and keep in mind that whatever is said in this department, it is without malice. It would be folly to use space merely to say how good each number of the *Summary* is; how Doctor A's article is fine and helpful; Doctor B's paper a literary gem, etc. What we all need is helpful criticism. To see ourselves as others see us, as the poet Burns puts into his verse, is the difficult thing in life. Some of us become cock-sure our ways and thoughts are the best and the only right ones. It takes so little to puff up the mortal mind until it is inflated to the danger point.

Dr. Z. G. Jones writes a paper, "The Treatment of Disease with Electrical Currents." He comments on the useless and harmful practice of treating symptoms with drugs, being forced into the position of drug "nihilists" seemingly. Perhaps a better knowledge of drug therapeutics would enable us to escape this fate and accomplish good results. We recommend him, and others who sympathize with his position, to look into alkaloidal therapy carefully.

Also it is well to study logic a little. The watch-wheel simile may seem fitting, but it is about as sound as the old Paley syllogism: You find a watch, and knowing it could not have happened in nature, you look about and find the watchmaker. Then you find a man, and examine his inside "works" which are even more wonderful than the watch. A little looking about and you find God.

Surgery is properly defined as the mechanical correction of the human frame. A perineal repair, an operation for rupture, the incision of an abcess, the removal of a diseased organ not vital to life, these and a hundred other surgical procedures are perfectly reasonable, and with a high percentage of successful results. Surgery is the great hand-maiden of medicine, and during the past twenty-five years has made more progress than any other field of our science. Do not try to sweep back the tide with a whiskbroom.

With these comments the paper takes up a few case reports. These cases may illustrate the doctor's skill and success, but such reports do not help us any. We would like to know what current and what pole, and all the other details. That little electrode he inserted into that undeveloped womb must have had some great potency, but we want to know something more. We are just ignorant, ordinary scrub doctors who want to be shown the how and why of such things. Let us hope also that that lost ovary had not been removed by some bold surgeon.

In the case of Widow B. we would like to know what this "treatment" was that accomplished such good results. Also in the case of the Belgium lady so full of "abdominal accumulation"—what did he do for her? Did his "treatment" cure the curvature of the spine?

In other words we want helpful articles instead of self-laudation.

Dr. Alter seems to resent the idea of an occasional examination of physicians, in order that those who do not keep up with the procession, those who have "gone to seed", those who do not maintain the goose-step, may be eliminated. Since there are twice too many doctors anyway, some more satisfactory method to limit competition must be devised than those now in use. We must resist this movement, even if we have to quote scripture "at them."

However, the organized profession is doing the best it can under the circumstances. We are drifting slowly toward a better system of medical practice, which will be the complete socialization of the service. No system will do its best work and give the people the full value of its power until the financial interests of the doctor and patient are in common. I wonder if the doctor can find any scriptural reference to predict this.

Dr. De Armand's article suggests something worth while. All fraternal insurance is a game in which you must die to win, and even then you must not be too long about it. If the order in which you have carried your risk goes out, and you are too old to enter another of like character then you have to fall back upon your own responsibility and die the best you can, leaving those you wished to help, to shirk for themselves.

All insurance is a part of the shirking the burden system invented by the ruling financial class to gather in that much of the product of the working class. It is in short a plan to cash the fear of poverty. The old line companies, with high rates accumulate huge funds for the use of Wall Street gamblers, who still further gather in the people's product, using their own capital with which to do it. The insurance funds, the savings banks funds, the postal savings funds, all these are available as weapons to be used by those who exploit the public.

Doctors are a part of the scheme. They have such a hard time making a living that insurance companies can buy their service, just as pig iron is bought in the iron market. Industrial insurance companies send doctors from house to house making the very perfunctory examinations they demand, paying them a few cents each. This gives the doctor a chance to do a little advertising on his own hook. It is all a very neat graft.

Insurance should be a department of the government, conducted by the people as a whole for the good of the whole, not as now a private profit that has to be controlled by all manner of protective laws—protective but still not strong enough to choke the life out of it.

No, we say with the doctor, let the dollar-a-head business alone. If you are going to be a hireling of an insurance graft make your price right. Five is little enough and get more if you can. If you are going to sell yourself at all don't be a "cheap skate."

Space prevents treatment of the several other interesting features of the December *Summary*, but another time......

"Eltonicus."

Ohio.

SUDDEN DEATH

Editor Medical Summary:

"Why should the spirit of mortal be proud?
Like a swift-fleeting meteor, a fast-flying cloud:
A flash of lightning, or the break of the wave,
He passes from earth, to his rest in the grave."

Sudden death overtaking persons who have the appearance of health, causes a great shock to relatives and friends. If one has reached a good age, and has every preparation for a sudden taking off, it is a desirable way to go. The closing lines of "Thanatopsis" comes to mind—"So live, that when thy summons comes to join the innumerable caravan, moving on to the realms shade—thou go not like the quarry slave, scourged to his dungeon; but soothed and sustained by an unfaltering trust, approach thy grave like one who wraps the drapery of his couch about him, and lies down to pleasant dreams."

There is no doubt that sedentary pursuits, when indulgences in rich, highly sophisticated food is the practice, that sudden deaths are common. It is the rule that hard-working men, who live on plain, wholesome food, are not the subjects of sudden death. Their muscular systems are so strong that the blood vessels are supported by an unyielding wall. No arteriosclerosis with them, if they lead temperate lives.

High livers, who are also brain workers, have soft muscles, soft arterial walls, too much liver, bad stomachs and poor kidneys! "Clubs" are the prime causes of sudden and premature death. Club members indulge in rich, indigestible food, and as a rule, indulge in intoxicating drinks. Late hours at clubs is the rule, and many can exclaim: "Oh, what a difference in the morning!"

Apoplexy, angina pectoris, hemorrhage, uremia and heart failure are prolific causes of sudden death. Until men learn to avoid excess and live on plain, wholesome food, sudden deaths need not occasion any surprise.

D. L. Field, M.D.

Jeffersonville, Ind.

PREVENTIVE MEDICINE—HOW ABOUT IT?.

Editor Medical Summary:

Thirty-five years ago when I was in college the question of preventing disease, instead of simply curing ailments already established, was in its infancy and had just begun to enlist the attention of the profession. This worthy humanitarian work attracted the attention of medical men and opened up a field of self-sacrificing endeavor worthy of universal support and commendation. We look back over those years with a feeling akin to veneration for the pioneers in the work of prevention of human ills without adequate remuneration. Prior to that time the medical practitioner had concerned himself but little in his brother's welfare, except to bring about a restoration to normal conditions in cases where disease had gained more or less ascendancy. Cleanliness, pure water and plenty of fresh air constituted the trio of weapons presented by the profession of medicine to the people, to combat the onslaughts of disease. Free service and tireless effort were willingly contributed to put forward the new idea of prevention. Through this laudable effort the physician's earnings were greatly lessened but the fact that we were doing a commendable work was ever present and the medical man was as a rule resigned to the changed conditions. Along with this new idea, was closely associated a fixed determination to keep the profession clean and to prevent the advent of the slightest tinge of commercialism.

Those were ideal times and for those who lived and wrought in the midst of those uplifting influences we have the most profound respect. How has this commendable theory worked out? Are we, as a profession, free from commercialism and are we helping to bear our brother's burdens? Have we been satisfied with preventing disease, and are we to-day manifesting that measure of self-sacrifice which characterized the men who were the pioneers in the field of preventive medicine?

By looking over the prevailing conditions in our profession the question seems to be easily and emphatically answered. It would require more space in the *Summary* than can be reasonably asked, to discuss this question satisfactorily. I will take one phase of the question if the Editor please, to briefly outline the conditions as they are to-day. The Public Health Problem. Take for instance, our county with its, perhaps, fifty physicians; these physicians are all regularly graduated men, all emerge from the colleges on an educational level, one of these men in each township is selected to act as health officer, not because of any unusual fitness, possibly in some cases because of political preference, but seldom because of greater ability. One man just happens to get the plum.

The general practitioner, perchance, has one or more cases of measles; these he reports, not to Albany for record, but to the H. O. of the township. The H. O. proceeds to the residence of the patient, tacks up a placard, and in some cases goes into the sick room and looks the case over, notwithstanding the fact that, a man who is his equal in every way has stated that the patient has measles. Of course the H. O. isn't in the business for fun, a generous fee is allowed for his work—work which has already been done. But we have grown accustomed to this burden and the taxpayer has become resigned to the added expense—but the end is not yet. The powers that be, must have scented more funds, at any rate *we*, as a profession have gone after it, now we will have to revise our formula—we started out with the statement that all the M.D's in our county are on a level, one of these is selected to fill the position of H. O. This man is no better and no worse than his fellows—he is abundantly able to perform all the duties of his office. But perhaps the people, whom we started out to serve, will bear a little more pressure—so *we*, the profession proceed to grab another plum in the shape of a *Sanitary Supervisor*. This fellow—no better and no worse than the rank and file, takes the exalted position of watching the H. O's. to see that they do the work for the general practitioner and so on ad. infinitum. How much more of our care and protection will a patient and long-suffering people stand, would seem to be a pertinent question just now.

No blame can in any way attach to the men who fill these positions. They are human, and need money, the trouble lies in the new fangled laws which make these positions possible. By enacting a law that would require each physician to make prompt record of everything included under the head of Vital Statistics, and thereby doing away with the innumerable and superfluous offices, thousands upon thousands of dollars would be saved. The taxpayers who are now being ground to atoms would be relieved, and equally as efficient service would be rendered.

Let us as physicians carefully scrutinize our work, are we putting forth as laudable and conscientious effort in the prevention of disease today as was done by those who wrought in the closing years of the nineteenth century, or have we by running to senseless extremes built up a system of oppression that is crushing the people whom we set out to serve?

E. W. Bogardus, M.D.
Romulus, N. Y.

IN REGARD TO MATERNAL IMPRESSIONS, ETC.

Editor Medical Summary:

When I was in medical college a few years ago I remember quite distinctly that our lecturer said in substance, that there being no nerve connection between the child and its mother whatever maternal impressions were impossible. This is a scientific fact recognized by all biologists and obstetricians. The rule of heredity is that, each organism inherits the chief characteristics of its ancestors. Not only its immediate parents but the preceding generations. The only function of the mother besides supplying the ovum is to supply nourishment and a place for the ovum to develop. It is thus clear that any scare or impression the mother receives before the birth of the child would have the same effect as that of trying to influence the chicken through frightening or educating the hen while she was setting on a nest of eggs with the purpose of turning out progeny.

If we analyse these cases of so-called mental impressions we find that it is only after the birth of the child with some peculiarity that the mother remembers having been frightened or having seen something similar or having a bad dream or some equally foolish thing trying to explain the phenomena. These aforesaid happenings may have been entirely forgotten and only called to mind by the course of events.

It is hard to see and in fact is recognized by scientists that the care and well being of the mother beyond being well nourished (and contented for her own well being) has no influence on the child whatever. Naturally it is impossible to influence the mind of the child in utero and the idea of providing children or geniuses, by having the parents think of certain or doing and visiting certain scenes, with the idea of giving the child a turn or inclination to that occupation or vocation is all popicock and nonsense.

I had occasion some time ago to read of a certain famous astronomer who was provided with an occupation before birth by his mother and father, both studying the stars and star gazing before his birth. Naturally the man had intelligent ancestors with healthy bodies but it would be unwise to say that his mother's actions before birth could influence his actions after he was born.

There seems to be a universal belief by mothers everywhere in these maternal impressions. I have been consulted by prospective mothers how to avoid these awful results. I have always said there is no such thing. Do they believe? They do not. It is sometimes useless to explain to people who have but little knowledge of such things how a deformed and diseased placenta will cause deformities. I am not alone in declaring that maternal impressions as such do not exist.

A good way to treat these cases of otitis media is to incise the drum immediately there is bulging. This does no harm and prevents the spread of the disease to the mastoid. It is better to incise than not to do so. All treatment with local applications of glycerin and gaultheria or its synthetic sister may relieve but it is well to be conservative and when pus is suspected incise at once.

It is well in persistent cystitis to suspect some condition other than a simple cystitis after treatment fails to relieve. When we have a chronic condition look for a pus or t. b. kidney or an ulcerated bladder. It is practically useless to treat these cases unless the cause is known. A simple hyperemia of the bladder should yeild to treatment in a few days.

R. A. Black, M.D.
Sullivan, Maine.

One of the earliest diagnostic signs of pulmonary tuberculosis is fine rales, usually in the apices. The value of an early morning subnormal temperature should not be overlooked.

TYPHOID FEVER, LA GRIPPE AND TUBERCULOSIS

Editor Medical Summary:

I have just discharged a convalescing typhoid patient who had the advantage of me by two weeks' treatment with pills and cathartics and then more pills and then eased down with six grains of calomel. Severe hemorrhage occurred three times, almost proving fatal, but it was controlled with turpentine emulsions, and at the same time the patient was taking half ounce drinks, every four hours, of water, in which one-quarter pound of fresh flaxseed meal and one pound of fresh rolled oats had been macerated and soaked for a few hours and then filtered; this was continued until a natural movement of the bowels occurred—both the food and medicine. My patient is now improving nicely on a diet of rolled oats, cooked eggs, buttermilk and plenty of olive oil.

La grippe is with us now in epidemic form and is no respector of persons or localities, and is not partial toward any part of the victim's anatomy. I have two cases complicated with pneumonia. I have treated la grippe in all of its varied forms. I have been called to cases which had been diagnosed muscular rheumatism and rheumatism of the joints; those cases I have treated for la grippe and they have recovered; but in some of those serious cases some bronchial trouble has followed in the wake of the disease, and when a system has been so thoroughly impregnated with la grippe germs, I doubt its being rid of them ever after. In such serious cases, we have the disease apparently under control one day but are called the next day to learn that another muscle, joint, or organ has become involved—this seems to be the case more often when the disease appears in epidemic form. I am about of the same mind as the man who said he would not die satisfied if he could not own a watch and a grocery. I may not die satisfied if I cannot learn a more satisfactory treatment for la grippe. If some doctor who has a satisfactory, successful method of treatment for the disease will write it up for our information, I can assure him I will appreciate it. I will not be like the woman who related to the church her experience of conversion; she said: "On a certain day I was at home washing and not thinking about religion at all, and to tell the truth, brothers and sisters, I was mad when I did get it."

I have just read an article from the lay press, written by a doctor, superintendent of a sanitarium for tuberculosis, in which he says tuberculosis is the most prevalent disease in the world and that its ravages rival those of the European war, and that very little can be done for it until adequate means are reached for providing sustenance for the family, while the breadwinner is confined in a sanitarium. Men with families worry about them, and in this way recovery is retarded. Many leave the institutions before being entirely cured, and there is no drug cure for the disease. My experience is that if there is a place in the world where a tuberculosis patient should not go. it is a sanitarium. The greatest detriment to the successful therapeutic treatment of tuberculosis by the general practitioner is found in just such widespread assertions as the above and from seemingly good authority, causing tubercular patients to go from one doctor to another as long as they are able to go during the first and only curable stages of the disease, and thereby lose all possible chance of recovery. Such statements should be barred from the mails if for no other reason than that they cast the consumptive into the slough of hopelessness, thereby depriving him of many pleasures of life, which they might otherwise legitimately enjoy. The majority of consumptives are readers, especially of anything pertaining to the disease. My observation for several years convinces me that very little effective work is being done toward its control, although many reports from sanitariums and other institutions for its treatment glow with enthusiasm—probably polished by the money back of them. There is no doubt but that persevering treatment with phosphorus calcium and creosote will cure tuberculosis in its early stages, provided the patient's environments are such as nature's law demands. Investigations of the disease have always been conducted along mysterious and pretentious, secret, scientific lines, as if the investigator expected every moment to disclose some woeful hobgoblin which he would exhibit to the world for the money. Such investigations have ended in disappointment, shame and disgrace, which they richly deserve. The time is near when some investigator, prompted by humanitarian motives, will strip the etiology and successful treatment of the disease of those false mysteries. That the disease is hereditary under certain conditions the same as some other parental defects cannot be disproven and that it is immediately, dangerously and alarmingly infectious, no well informed doctor will deny. And, at this writing, I have no doubt but that thousands of American school pupils are daily exposed to infection by association with teachers whose ancestors, parents, and brothers and sisters have died with tuberculosis. The above statement is correct even in my own country school district.

T. C. Estes, M.D.
Bennett, Mo.

DOUBLE SULPHIDE OF CALCIUM AND MAGNESIUM

Editor Medical Summary:

A year or so ago, I wrote to a very popular and widely read medical monthly, asking its readers or some of them to give their experience with the double sulphide of calcium and magnesium, a preparation originating with the late Dr. W. H. Burgess of Tenn. The editor did not seem to have ever heard of the preparation and I only heard from one of the readers of that Journal, a physician of the far West, who was very enthusiastic with praises.

I have used the preparation quite considerably. In an early stage of gonorrhea it has never failed me in controlling the disease in from one to two weeks. Saturate the patient's system with it and it shows its good effect very rapidly. I use the one grain tablet, giving one every hour for ten doses, then one every five or six hours.

In any infection it seems to work well. In follicular tonsillitis, with other indicated remedies, especially with aconite to reduce the temperature it acts promptly. In scarlet-fever and such infections it is valuable. I have never used it in small-pox, but have no doubt of its value in that disease. It is indicated in boils, carbuncles, and anywhere there is a tendency to pus formation. It acts nicely in some forms of stomach disturbances, especially where there is fermentation of gastric contents. In many cases it is the best agent I have ever used to promote the appetite. It is, in every way, in my opinion, far superior to calcium sulphide. I am anxious to know if other physicians have gotten from it such good results.

W. H. Thomas, M.D.
Steeles Tavern, Va.

CANNABIS INDICA AS A HYPNOTIC

Editor Medical Summary:

Although some writer has dubbed cannabis indica a makeshift, my study of its action and effects, and personal experience with it as a therapeutic agent, causes me to ascribe to it the title of king of hypnotics, without peer or even a parallel, for safe action and effect on the cerebral cortex of the human brain; but to get its best results, the minutest knowledge must be obtained, of its dosage, its action, and effects, in the many and various indications for which it is the best therapeutic agent. The same might be said for some other valuable drugs—opium, cocaine, strychnine arsenic, and atropine. The last named is the king of hemostatics in my practice. It is encouraging to believe that if the efficiency of each drug and its application in the treatment of disease will be studied separately, more lives will be saved, more suffering relieved, and prevented.

Cannabis indica is the indicated remedy in all forms of mania, and headaches of cerebral origin. A muscle steadier in tremors, and king of drugs for the confusional insanity of drunkards (delirium tremens). Its hypnotic effect is increased by the addition of hyoscine, but the compounding of drugs in proper proportion is a difficult problem. It is probable that some valuable drugs fall into disrepute on account of ignorance of action, and happy-go-lucky administration. The doctor who does not know by study and experience, the action of his drugs, is on a boundless ocean without compass or rudder. To the safe and certain action of cannabis indica, occasionally in composition with other drugs, I attribute my recovery from rabies, without convulsions.

Atropine is another therapeutic agent whose worth can hardly be overestimated and will not disappoint the doctor who knows its action in the great number of varied indicacations for its administration. It is the indicated remedy for all controllable hemorrhages. The limit of its efficiency as a hemostatic is not known by me; but its dosage and action must be known, before anything like a reasonable estimate can be made of its value as a therapeutic agent, by any man.

The study of drug action in the human body, introduced by any, and all methods practiced at this time is as great and worthy as any study undertaken by man; considering its relation to the conservation of the human race.

T. C. Estes, M.D.

Bennett, Mo.

LO HERE, AND LO THERE!

Editor Medical Summary:

This is an age of fads and humbugs in the medical world! Its vaccines, sera, antitoxins, bacterins and what not. The time-tried and therapeutically tested, efficient agents of the materia medica are almost ignored. Antitoxin is relied on, ad infinitum, to the virtual exclusion of effective local treatment for diphtheria. Three or four times in twenty-four hours, from four to six thousand units are injected, whether so much of an anti-poison is needed or not! The writer recalls some cases, as follows: He cured two young girls of genuine diphtheria by giving liberally P. D. & Co's syr. ferri chlor, fluid dram doses every three hours, and having the throats sprayed every hour or two, with

℞	Acid carbolic	gtt. x
	Dioxogen,	
	Fluid hydrastis (colorless),	
	Listerine,	
	Glycerin,	
	Aqua dest	āā q.s. ad ℥ij

The use of tinct. benzoin was used, an ounce, and sometimes two ounces, to a quart of water, placed on the stove and kept simmering. I have cured many cases by such treatment, as I go to see them and thoroughly spray their throats myself. I have just cured a bad case in seven days by using the treatment named.

The antitoxin treatment has lost five patients within the last three weeks. The trouble is, no local treatment is applied, and no constitutional remedy given! There is no kind of doubt that chloride of iron will destroy the toxins, or rather fortify the system against the destructive inroads of toxins! One physician announces, when he loses a diphtheria case, is that it will not save cases of "*black* diphtheria"—whatever that is.

Malignant cases cannot be cured by any treatment!

D. L. Field, M.D.

Jeffersonville, Ind.

NITROUS OXIDE IN OBSTETRICS

Editor Medical Summary:

I note with interest a paragraph, under your page heading of Summary Gleanings in the December number of *The Summary* that Dr. F. W. Lynch claims the cost of nitrous oxide anesthesia in obstetrics to be from four to five dollars per hour. I cannot see how he can get away with so much material; of course he does not judge on the patient's bill.

I use nitrous oxide to control labor pains almost every day, and it costs from ninety cents to one-dollar and ten cents per hour. Last night I carried a primapara-dry labor—two hours on one sixty-gallon tank of nitrous oxide.

Ben Morgan, M.D.

Chicago, Ill.

INJECTION SOLUTION FOR HEMORRHOIDS

℞	Carbolic acid	gr. xxiv
	Glycerin	ʒj
	Aqua	℥ij

Inject three to six drops into the pile tumor and return it into the bowels. The above prescription is one that "goes the rounds." Many practitioners employ carbolic acid and glycerin equal parts. A stronger solution is not conducive to thrombus, since the circulation is well throttled.

Bryonia:—Fever of acute inflammation, if pulmonary there is sharp hard short quick cough inducing soreness and pain, quick pulse: if in serosa quick acute pains, diffused soreness and tendency to effusion; acute synovitis with pain on movement and threatened exudation.—*Ellingwood.*

In the total study of disease invasion in any one patient the first essential thing to know is the cause, but the prescriber can not always wait for this.—*Ellingwood.*

New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

THE NOSE, THROAT AND EAR. By Ben Clark Gile, M.D. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa. 1915. Price $2.75 net.

The author of this admirable volume, adopted a thoroughly systematic, as well as practical arrangement in the text matter, which leads one to the true pathology and rational treatment, without getting to it in a haphazard way. Too often text books are indeed storehouses, but much like the freight room of a railroad, they contain certain articles of the most diverse character heaped together indiscriminately. Without cumbrous expressions, the author describes symptoms and pathological conditions, in plain language, and with the help of numerous illustrations, makes treatment almost suggest itself. To careful diagnostic methods and broad views of general therapeutics must be attributed the author's unusual measure of success. This book is one of unusual merit, practical in every detail, the price low; and we predict for it a large sale.

PRACTICAL PRESCRIBING AND TREATMENT IN THE DISEASES OF INFANTS AND CHILDREN. By D. M. MacDonald, M.D., F. R. C. P. E. Oxford University Press, American Branch 35 West 32nd St., New York. 1915. Price $1.50.

Every physician is aware that the faculty of prescribing for infants and children presents special difficulties, such as, dosage, etc. It is the hope of the author of this small book that it may help to initiate an improvement on the prescribing of drugs for the common and everyday diseases of children. The table of contents is as follows: Some Points in Prescribing; Dosage Table; Infant Feeding, etc.; Diet Tables; Therapeutic Index; Points in Formulæ; Maladies in the Newly Born; Emergencies; Notes on Drugs; Common Disease of the Eye; Tuberculosis in Everyday Practice; The British Pharmacopœia.

MANUAL OF SURGERY. By Alexis Thomson, F. R. C. S. Ed. and Alexander Miles, F. R. C. S. Ed. Oxford University Press, American Branch 35 West 32nd St., New York. 1915. Price $3.50 per volume

We now have the fifth edition of these two splendid volumes. Volume first treating on General Surgery, Volume second on Regional Surgery; the former containing 289, and the latter 301, illustrations. The whole of the text has been thoroughly revised and various sections have been completely rewritten, so as to bring them in line with the recent advances in pathology and treatment. To admit new matter being incorporated, without materially adding to the size of the work, the authors have eliminated as far as possible all debatable questions. The addition of a third volume dealing exclusively with operative surgery has enabled the authors to omit from volumes one and two, all descriptions of operative proceedings. These volumes are of medium size, not too bulky, and handy for ready reference. We recommend the books as excellent works on the subject on which they treat.

SENESCENCE AND REJUVENESCENCE. Here is a book right from the press, The University of Chicago Press. It contains about 500 pages and the price is $4.00.

The author is Charles Manning Child of the zoological department of Chicago University and a good portion of the book is a result of individual research work along biological lines. Senescence and "growing old," naievely speaking, is a subject receiving unusual and merited attention at present. Most of those who have considered the problem of age have maintained that the conditions which determine senescence and age are found in the physiological constitution of the organism. A few of the many subjects which the author discusses are as follows: How do young and old organisms differ from each other, and what is the nature of senescence? Is it a feature of the fundamental processes of life or the result of incidental conditions? Does it occur in all organisms or only in the more complex, more highly differentiated forms? Does it lead sooner or later to death, or is a rejuvenation of old organisms or parts possible? Is the process of senescence in a given organism always of the same character, or does it depend upon environmental conditions? Many of these questions can be summed in one. Can we control senescence? The book ought to be of vast interest to scientific and inquiring medical men.

THE MYSTERY OF SILENT POWER. By Miss Mary Couplin, Glenwood Springs, Colo. W. H. Needham Co., Publishers, Sigourney, Iowa. 1913. Price 65 cents, postpaid.

A power held in bondage by negligence is explained in this brochure. It is a book for all, for every one interested in the correct knowledge of the principle of speech and understanding without hearing. There is much helpful information contained in this little book, and it appeals to every man, woman, and child.

CEREBRO-SPINAL FEVER. By Thomas J. Horder, M.D. Price $1.25.

The author gives an account of cerebrospinal fever, its diagnosis, and its treatment, in a condensed form.

YOUR BABY, A GUIDE FOR YOUNG MOTHERS. By Edith B. Lowry, M. D. Forbes & Co., Chicago, Publishers, 1915. Price $1.00.

This book should be read by every young mother, and prospective mother in the land, for it will aid to make motherhood easy, and overcome the fears and troubles of many women. The future of the nation depends upon the babies of to-day and therefore any book which helps to give a human life a fair start in health should be welcomed and widely circulated. This book contains the latest and best approved methods for the care of the baby,—its feeding, clothing, exercise, sleep and training. It is full of common sense help and facts that many mothers might overlook. The author is an authority of long experience in the health care of women and children.

THE STRETCHER BEARER. By Georges M. Dupuy, M.D. Oxford University Press, American Branch 35 West 32nd St., New York. 1915. Price $1.00.

This little book is especially intended for the assistance of men who have not had experience in military or ambulance training. Its 138 illustrations endeavor to show, so far as possible, litter drill, and field litter work, and first aid work by litter bearers. The methods shown here are similar to the U. S. Army methods.

THE OXFORD UNIVERSITY PRESS, LONDON, (American Branch—35 West 32nd St., New York) has issued the following War Primers Wounds in War. By D'Arcy Power. Price $1.00.

A book of over a hundred pages, divided into nine chapters, which are as follows: The Causes of Wounds in War; The Immediate Treatment of Wounds; Treatment of Wounds (continued); Treatment of Wounds (continued); Suppuration and its Treatment; The Vaccine Therapy of Wounds; Results of Wounds; Tetanus and Gaseous Gangrene; Amputations.

GUNSHOT INJURIES OF BONES. By Ernest W. Hey Groves Price $1.25.

The author of this book is a surgeon of much experience, and in this brief account gives a very condensed article of what is best to do in all such cases as gunshot injuries.

INJURIES OF JOINTS. By Robert Jones. Price $1.25.

In this book, the author has tried to give some help in the diagnosis and treatment of injuries of joints.

MEDICAL HINTS. By J. Edward Squire. Price $1.00.

This book contains hints to prevent the men of the troops from getting sick. The diseases peculiarly incidental to campaigning are given attention by the author.

Summary Gleanings

Blood from one person was divided into two portions, and each sent to the same laboratory, for Wassermann tests. The report pronounced one-half the blood positive, the other half negative!—*Cal. State J.M.*

The petroleum preparation used for constipation with such fine results is not the kerosene injected to break up impactions, but a liquid paraffine, emulsified with Irish moss or similar substances.

N. A. Randolph first demonstrated the laxative value of petroleum oil, in a paper before the Academy of Natural Sciences, in 1884. Lane gave it the present vogue, 19 years later.

Being mechanical in action petroleum does not lose effect by prolonged use, and does not require to be increased in effective dose.—*Leslie.*

The use of petroleum emulsions for constipation is quite different from that of crude oil, with its variable content, for bronchial ailments.

Petroleum requires 24 to 48 hours to traverse the alimentary tract. It is not a cathartic or even a laxative, but a regulator, rendering the irritants unnecessary.

Apart from direct inoculation tuberculosis cannot obtain a foothold unless the tissues are depreciated by autointoxication.—*Lane.*

Every operation is a gambler's chance, a bet of ten, or fifty, or a hundred, or a thousand, to one in favor of surgery.—*Bryan, So. Pract.*

Eric Pritchard first announced that petroleum in emulsion is effective in intestinal stasis, especially in children.

In any case of cystitis, if the urine is alkaline remember that it must be rendered acid before you can get the antiseptic action of urotropin. Acid sodium phosphate is the best remedy to change the reaction.

Intraspinous injection of mercurialized serum has come after much labor and experimentation as an assistance in treatment of cerebrospinal syphilis.—*R. J. Anderson, Ind. Med. Journal.*

I call therefore a complete and generous education that which fits a man to perform. justly, skilfully and magnanimously, all the offices, both private and public, of peace and war.—*Milton.*

When macrotys and mitchella are given together, during childbirth, in many cases there has been entire absence of pain from muscular contractions.—*Ellingwood.*

Emetin reduces uterine hyperemia and is applicable for uterine hemorrhages with tenesmus. Hence should check tendency to abortion from irritable uterus.

Cannabis is of value in acute uterine hemorrhages with expulsive pains. Give full doses or none. It is not a dangerous remedy in itself. Don't trust cannabin.

Autosalvarsanized serum injected intradurally did not meet expectations. Plain serum might have given as good results.—*Anderson, Indianapolis.*

The child known to have diphtheria is no menace; the carrier is the most prolific source of the disease.—*Chi. Bull. Health Dep't.*

Scarlatina:—Rest in bed, milk diet, warm baths, and careful nursing are the principles of treatment.—*W. W. Behlow, Cal. S. J. M.*

FEBRUARY, 1916

THE MEDICAL SUMMARY

Vol. XXXVII

A MONTHLY JOURNAL OF PRACTICAL MEDICINE, NEW PREPARATIONS, Etc.
R. H. ANDREWS, M.D., Editor & Proprietor
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ESTABLISHED 1879

No. 12

Titles of a Few of the Leading Articles in This Number

PRACTICAL OBSERVATIONS ON THE TREATMENT OF PNEUMONIA AND PLEURISY
BY M. O. TERRY, M.D.

CANCER OF THE MOUTH—ITS TREATMENT AND CURE
BY SAMUEL KING, A.B., M.D.

STUDIES IN THE DIAGNOSIS OF LIVER DISEASES
BY F. L. JACKSON, M.D.

THE BEST WAY TO TREAT DISEASES
BY J. A. BURNETT, M.D.

GENITAL FISTULA IN THE FEMALE
BY CHARLES J. DRUECK, M.D.

BLOOD-PRESSURE
BY M. A. BLANTON, M.D.

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THE HIGH COST OF DRUGS

We have on previous occasions referred to the hardship which the advance in drugs wreaks upon the dispensing physician. The writing of prescriptions does not always solve the problem, for quite often all the patient's available change goes for filling the prescription and the doctor is left to hold the sack. We quote below a timely excerpt of an editorial appearing in a recent number of *Medical Fortnightly:*

"Prescription writers are constantly confronted these days by difficulties; they do not know whether the drug which they wish to prescribe is in stock or whether its price is not prohibitive if it is in stock. The Retail Druggists' Association of St. Louis, has lately addressed a letter to physicians of the city in which it sets forth the prices which they themselves are having to pay for the drugs which we prescribe, and stating that any expectation of a decline in price is as uncertain as the war. They ask us to explain to patients the fact of the higher cost of medicines. They also predict an advance in prices rather than a decline. They do not pretend to have issued a full list, but in their partial list they have enumerated the following commonly used agents, a list which is of interest to readers outside of St. Louis as the condition is general: Acid, salicylic, lb., $5; acetophenitidin, lb., $12; acid, carbolic (Calvert), lb., $5; acid, pure carbolic, lb., $2.50; antipyrin, ounce, $1.80; apomorphine mur., ounce, $30; bismuth subnitrate, lb., $5; caffeine, pure, lb., $10.50; codeine sulphate, ounce, $9; belladonna leaves, lb., $2.50; methylsalicylate, lb., $2.50; true oil of wintergreen, lb., $6.35; phenacetine, ounce, $2; potass. bromide, lb., $4; potass. iodide, lb., 45 cents; potass. chlorate, lb., 57 cents; quinine sulphate, ounce, $2.60; sodium sailcylate, lb., $4.90; sodium benzoate, lb., $5; aspirin, ounce, 95 cents (this price is nominal, no large orders will be accepted); phenolphthalein, ounce, $1.50; glycerin, lb., 67 cents."

Do not use salves in weeping eruptions. Lotions are better.

THE GENERAL PRACTITIONER AND TUBERCULOSIS

This rather ambitious title might merit a pretentious discussion. It is only our desire, however, to call attention to the fact that the general practitioner should feel the important position he holds with reference to a disease that causes one out of seven of all deaths. All are agreed that the bulk of success that attends the treatment of tuberculosis lies in the early recognition of the disease and the instituting of the proper treatment before its ravages have become pronounced. The brunt therefore falls heaviest upon the family physician. Early diagnosis is plainly an all-important desideratum. Symptoms revealed by auscultation and percussion are not so important as other measures and methods, for as soon as physical impairments are in evidence even the laity may be able in a fair degree to name the disease. We cannot afford to wait for its grosser manifestations. The early diagnosis depends upon a great many symptoms and details which should be carefully ferreted out and weighed according to their value. Among the symptoms which should enlist our serious concern are weakness and fatigue, lowered nutrition, decreased weight, pallor of the skin and mucous membranes, coldness of the extremities and subnormal temperature with quickened pulse. Enlarged tracheobronchial glands in children are often precursors of tubercular infection; the same is true of unhealthy tonsils and adenoids. Conversely, all glandular affections are not by any means always indications of tuberculosis. Koch's tuberculin is now quite generally recognized by the profession as being a valuable diagnostic agent when the presence of the disease cannot be substantiated by ordinary physical signs. Neither should its protective and immunizing power be overlooked. It is the consensus of opinion and experience that much good may be obtained from it provided it be employed in the right manner.

It is the duty of the general practitioner to spare no means at his command to diagnose tuberculosis and to diagnose it early. His next duty is to put the patient in such a position as will be best calculated to restore him to normal. If we wait until our diagnosis is confirmed by the microscope or stethoscope, in the majority of cases we have waited too long for a hope of the disease becoming arrested.

NOVOCAIN

The relative safety of the different cocaine derivatives or synthetics has had consideration in these columns. While novocain is proving a safer local anesthetic than cocaine, a Leipsic writer claims, according to Dr. Ellingwood, that after a long observation he has found between 5 and 10 per cent. of the patients to suffer afterward from irritation of the kidneys. Albumin would appear in the urine within a few hours and would remain for at least two days. In many cases the secretion of the urine was irregular and sometimes scanty. The quantity used or the location of the injection would not seem to make much difference. These patients would suffer from vomiting after the operation if it was at all extensive, the vomiting being delayed sometimes two or three hours.

This suggestion will be an important one to those of our readers who are preferring this agent for local anesthesia. It, however, need not be a serious objection if the albuminuria is only temporary. Dr. Ellingwood takes the view, nevertheless, that no condition that induces albuminuria is a benign matter, but is likely to leave permanent traces. It is more than likely that it will be found that while this condition must be watched, especially in susceptible patients, in previously healthy patients it need not be feared.

POINTS IN PNEUMONIA

Change the patient's position frequently and thus endeavor to circumvent hypostatic congestion.

Sufficient ammonia fumes in the room makes respirations easier and lessens "air hunger."

When oily applications are employed there should be frequent spongings with alcohol or dilute vinegar to lessen occlusion of the pores.

Patients who can sleep or rest reasonably well the first 48 hours have much in their favor so far as recovery is concerned.

Our aim should be toward loose secretions without coughing.

Encourage the taking of plenty of fluids, but no solid food.

Delayed resolution is promoted by the old-time cantharides paste.

POCKET-CASE DRUGS

The *Summary* has frequently published lists of what is considered the most useful drugs and remedies for the pocket-case or the hand-case. The matter naturally resolves itself into the individual viewpoint. A great deal depends upon location, season, etc. We were told that an able practitioner with a large practice in a Western city carries a pocket-case containing only six vials. They are as follows: 1. Prodiodide of mercury tablets, ¼ grain, coated. 2. Acetanilide compound. 3. Coryza (Kenyon). 4. Liquid guaiacol. 5. Veratrum viride. 6. Empty.

The prodiodide of mercury takes the place of calomel and is employed as a laxative, chologogue and general stimulant to all glands and secretions. It may be employed in a wide range of affections, but we believe many physicians would be loth to use it as a substitute for calomel in all conditions.

Acetanilide in three-grain tablets with caffeine meets most pain conditions in adults from headache to backache and from influenza to dysmenorrhea. Its heart-depressant action is decried the world over, but most doctors use it with a pretty free hand just the same.

The coryza tablet will at least amuse the patient and has some effect in drying up his cold. The liquid guaiacol is a sore throat remedy. It has other uses.

Veratrum viride—Norwood's is the one employed—is the time-honored remedy for convulsions of the puerperal type. It is also a febrifuge and circulatory sedative in numerous conditions. The empty vial—well, you know what it's for. Could you practice medicine with this list, doctor? Wherein could you improve it? Let us have your ideas on the matter of the most useful drugs which are convenient to carry around with you.

Don't examine for hemorrhoids four to six inches up. They all occur from the anal orifice up about two inches.

Don't forget to look for some rectal lesions in pruritus ani. Though the majority of cases are due to infection of the streptococcus fecalis, the portal of entry is in the anal canal, the curing of which very often cures the condition.

IPECAC

This is one of our old but highly valuable remedies. The dose of the fluid extract is one to four minims; the syrup, a dram to a half ounce; the wine, a minim to a dram. Emetine, the active principle, is given in doses from 1/100 grain up to ¼ grain. Dover powder consists of powdered ipecac ten parts, powdered opium ten parts and sugar of milk 80.

Ipecac is in addition to being emetic a chologogue, expectorant, diaphoretic, sternutatory and counterirritant. When applied to the skin it produces pustulation in many persons, and employed as a snuff it produces sneezing and reflex mucous secretions. In many persons the smallest inhalation will excite an asthmatic paroxysm. Internally, small doses act as a stomachic tonic and increase the gastric secretions. Large doses produce nausea and usually emesis in twenty or thirty minutes. Repeated use of the drug is followed by tolerance to it. When full doses of ipecac are retained a cathartic action follows, it exerting a very salutary action upon the hepatic cells. Ipecac is as safe a remedy as we have for producing relaxation and nausea. It has a place in many spasmodic respiratory affections. It loosens bronchial secretions as few remedies do. The old method of treating dysentery was with twenty-grain doses of ipecac every four hours and with apparently much success, especially in the epidemic form of dysentery. Tolerance to the drug must be established before any curative action follows.

GIVE US PRACTICAL POINTS

The *Summary's* particular niche is practice and practical pointers. We eschew long articles especially those that are more theoretical than practical. It is our aim to publish the little hints, helps and choice recipes that have helped others. We solicit help in this from our readers. Nearly every doctor has some particular way of doing a thing better than others do. So give us your experience if you have something good and unique. Perhaps a postal card will do.

Judicious nutrition and perfect elimination are essential considerations in the treatment of adynamic fevers.—*Ellingwood.*

INDIGESTION IN INFANCY

One problem in infant feeding that we have not seen handled very thoroughly is that of indigestion in nurslings. This is no rare condition. So far as we know, the treatment followed is dietetic, such as changing the milk mixtures, substituting barley or oatmeal water for the milk, adding barley or oatmeal water to the milk, using prepared infant foods, milk modifiers, etc. All these means are excellent and do good service in very many cases, and when they are successful, nothing else need be done.

Indigestion in babies who are nursed by their mothers is a part of the problem. We all recognize the fact that a mother's milk is the best food for her baby. If we must substitute something for it, even temporarily on account of indigestion, the breasts may cease to secrete milk if we do not take care that they are pumped out regularly. And once the milk is gone the baby must depend on cows' milk mixtures for its food.

We have felt for some time that the stomach secretions of the baby were at fault. It appeared likely that the baby was not producing gastric juice of the proper quality for its digestive needs. At first we tried pepsin in various forms, and with gratifying success. Later we experimented with an acid mixture, which also pleased us.

No doubt a weak solution of hydrochloric acid, with pepsin and glycerin, would answer the purpose. Diluted nitrohydrochloric acid is a good digestant, in some cases preferred to hydrochloric. We have used the following combination in a suitable vehicle very satisfactorily: Pepsin, 4 grains; papain, 1⅓ grains; rennin, ⅔ grain; diastase, 1/10 grain; pancreatin, ¼ grain; dilute nitrohydrochloric acid, 5 minims; lactic acid, ½ minim: nux vomica, ½ grain. These quantities are contained in one fluid ounce. The dose given varies with the age. Very young infants receive 15 drops in an ounce of water with each feeding, whether they be bottle-fed or breast-fed.

Green stools change to normal color, the indigestion readily clears up, and the baby picks up in general condition and weight. Like all other remedies of its kind, its administration must be watched by the physician, for it can be overdone by the mother. We have had no harmful results from it.

The mother is directed to place the dose ordered—anywhere from 15 to 60 drops. according to the age of the child—in an ounce of water and give it to the baby before each feeding. Should it be ordered to be taken after the nursing the probability is that the baby's stomach would be filled with milk and he would not take the medicine. When given as here directed no harmful effects have ever been encountered and no baby has ever refused to take the medicine.

SILVER NITRATE IN CYSTITIS

Silver nitrate is much used in inflammations of pharynx and larynx as an astringent, hemostatic and antiphlogistic. Its effects are apparent and easily discerned. In diseases of the stomach also it is used, 50 grains being the limit beyond which one may not go if he would avoid argyria. So far as we know, no one raises the objection that the hydrochloric acid in the stomach forms a chloride with it, precipitating it out of solution and thus rendering it inert.

Some genito-urinary surgeons fear that it should be used mainly by instillation through a cystoscope, lest the chlorides of the urine precipitate it out of solution. That this need not be feared to any great extent is borne out by our experience. It is well known that the astringent effect of silver nitrate is accompanied by a burning sensation. When this effect is secured we may rest assured that the solution is active. Such an effect is secured by the introduction into the bladder of silver nitrate solution. As a result, it will be found that hemorrhage ceases, pus and tenderness gradually disappear, urine can be retained for a greater period of time, and the patient is very much more comfortable.

A good way to perform bladder washing is first to wash out the bladder with boric acid solution, and then run in 4 ounces of a weak solution (1 to 4000) of silver nitrate. Let this remain in the bladder two or three minutes and then permit it to flow out. Do this a number of times at each treatment. The strength of the silver nitrate solution may be increased to 1 to 1000. In very severe cases daily treatment is required; later it can be done on alternate days. The duration of the treatment varies with the intensity of the inflammation.

Leading Articles

Brief and practical articles, short and pithy reports of interesting cases in practice, new methods and new remedies as applicable in the treatment of diseases, are solicited from the profession for this department. ¶ Articles contributed for the Summary must be contributed to it exclusively. ¶ Write plainly and on one side of the paper.

The Editor is not responsible for the views of contributors.

PRACTICAL OBSERVATIONS ON THE TREATMENT OF PNEUMONIA AND PLEURISY

By M. O. Terry, M.D.

Ex-Surgeon General S. N. Y.

Two general conditions will now be considered. First, a septic process, which may be initiated by influenza, la grippe or a diplococcus; and second, the inflammatory form which is initiated by exposure. The latter may contain among the elements diplococcus. Whether such be the case or not, it will not matter in its treatment.

The first stage of the pneumonia process, whether septic or inflammatory, has about the same characteristics commencing with a chill, fever, rapid breathing, etc. One distressing symptom, however, is the lack of moisture in the respiratory tract. It is just here that great damage can be done by a misapplication of remedies, the two capable of performing the most being quinine and morphine, for the reason that each of them not only arrests the normal secretions, but seriously embarrass respiration, thus throwing extra work on the heart, a condition which frequently terminates a case by so-called "heart failure."

A remedy like quinine, which in full doses is a congestant, causing cerebral hyperemia, and in excessive doses especially poisonous and capable of producing unconsciousness, a remedy which also decreases reflex action by its depressing effects on the spinal cord, and even going so far as sometimes to cause cardiac paralysis, must be looked upon with suspicion.

It is said that quinine prevents the oxygen-bearing powers of the corpuscles. But it is thought that this refers more particularly to poisonous doses. If it were in very small doses, in conjunction with expectorants, in the latter stages of pneumonic inflammation, or during the time of resolution, it is quite probable that the depressing condition so marked by its use in the beginning would not follow.

No one has a more exalted opinion of this remedy than the writer of this paper when used as indicated, noting well the difference between the primary and the secondary effects.

In regard to morphine there is but little to be said in its favor in any condition pertaining to the inflammatory action affecting either the lungs or pleura. This, too, is an excellent remedy and, when not used to smother important symptoms and to increase a stasis incident to a congestive stage of an inflammatory process is of undoubted value in relieving suffering.

Contrary to the idea, which seems to be quite generally accepted, that heat and moisture upon the outside of the chest ought to be relegated into obscurity and considered as primitive in the treatment of these difficulties, it is still thought best to adhere to the flaxseed poultice, applied hot and repeating its use as often as may be necessary, say every three or four hours, and oiling the skin to prevent excessive hyperemia and soreness. The modern cotton jacket in a few cases has been tried, but its use has not been satisfactory. It is an advanced measure only so far as the ease with which it can be accomplished. When the case has arrived at the stage of resolution and expectoration is free, a cotton jacket may then be substituted as a procedure to protect the patient from changes of temperature.

The first treatment by medication in pneumonia is combating inflammatory action. If it be of the strictly inflammatory variety such remedies as aconite, belladonna, veratrum vir., and gelsemium, in small and frequently repeated doses according to the susceptibility of the patient, are the proper ones. There need be no hesitation to use from the beginning in connection with them remedies which stimulate secretions from mucous membrane surfaces in this locality, namely, tartar emetic, ipecac, chloride of ammonia, bryonia and lobelia. By giving these remedies, selecting and combining if you wish, according to the necessity of the case, inflammation will be placed under control, free expectoration established and resolution reached safely. More than 95 per cent. of cases treated in this manner from the beginning will terminate favorably.

In septic or contagious pneumonia, such as la grippe or influenza, remedial measures should be applied locally in addition to the treatment outlined. It is also well to have constantly evaporating in the room of the patient antiseptics, such as creolin, or thirty drops of eucalyptus or pine-needle oil in one pint of water is the proper strength to be used, placing the same in an non-oxidizable receptacle. These should be changed every three hours in rotation or two of them in alternation. The air cells of the lungs are, therefore, constantly medicated with antiseptic vapor.

In an inflammatory process of germ origin the respiratory tract is less liable to moisture than by the inflammatory process strictly by reason of the local irritation incident to the millions of microbes. It is for this reason that an antiseptic moisture is supplied to counteract local effects.

This form of difficulty also demands stimulants usually earlier than the inflammatory form, in which case it is not always needed, and the cough is apt to continue longer, harrassing the patient by that local teasing irritation which is similar in character in its effects with the germs of pertussis or measles. An anti-germicidal treatment throughout in this form is thoroughly advocated.

An acute pleurisy may be a complication or a distinct process. Morphine in such a case is no more necessary for the acute pain than for the other form of inflammatory action. Heat and moisture with small doses of aconite, veratrum vir., bryonia and belladonna as indicated, singly or by combination of some of them, will be quite sufficient to promptly relieve the patient.

It will be noticed that nothing has been said about effusion in the pleural cavity. If a physical diagnosis shows such a condition continuing without improvement to an extent demanding aspiration it should be done without hesitation.

There has been no mortality in the line of treatment laid out for over 30 years. Ex-Surgeon General W. H. Watson had a longer record of no losses in this disease.

Mamaroneck-on-the-Sound, New York.

STUDIES IN THE DIAGNOSIS OF LIVER DISEASES

By F. L. Jackson, M.D.

The one symptom common to most hepatic diseases is icterus. It is present at some time during the course of a greater part of such diseases and in conjunction with pain and tenderness in the region of the liver, suggests to the physician that an examination of that organ might be necessary. But it is not sufficient to diagnose a case as icterus, jaundice or a bilious attack, but we should first differentiate between hematogenic icterus, a discoloration of the skin due to ill health, Addison's disease and hepatogenic icterus.

Hematogenic icterus is due to a decomposition of the blood and may result from pyemia, anemia, typhus and typhoid fever, phosphorus, chloroform poisoning, etc. The discoloration of the skin due to ill health is more of a sallow hue and when considered in connection with the history of the case, one should not err in that direction.

In Addison's disease, the discoloration begins as yellow, yellowish brown, brown, or even black patches on the face, or back of the hands, the palms and soles of the feet being exempt. In the diseases just mentioned, the discoloration first begins on the exposed parts of the body, the urine contains but little if any bile-pigment and the stools are normal. While in hepatogenic icterus, the discoloration first begins on the conjunctiva; the urine contains large quantities of bile-pigment and the stools are of a clay color. Having decided that the icterus is of hepatic origin, the next step is to determine whether it is due to a plug of mucus resulting from gastric or duodenal catarrh or by a gall-stone; whether it is due to a compression of the bile duct by a tumor of some other organ or to a compression of some of the finer bileducts as a result of tuberculosis, carcinoma, syphilis, abscess, echinococcus, cirrhosis etc. Icterus in young persons is with few exceptions the result of gastric or duodenal catarrh and since catarrh of the gall-bladder is usually secondary to gastric or duodenal catarrh and practically the same treatment may be applied to both, a differential diagnosis may not be necessary. But if we wish to be a little more discrete, we may test the urine for indican by means of Porter's test, a blue color of the chloroform indicating a simple indicanuria, a green color indicating indicanuria with hepatic involvment. Even more valuable information may be obtained from the urobilinogen test. Klemperer in speaking of the graver forms of icterus gives the following which may facilitate a differential diagnosis.

Icterus with pain indicates gall-stones.

Icterus with cachexia indicates carcinoma of the liver.

Icterus with ascites indicates cirrhosis of the liver.

Icterus with chills indicates abscess of the liver.

When both icterus and pain are quite pronounced, we may be safe in diagnosing the case as gall-stones, but quite as often we have the pain without the icterus, then we will be obliged to differentiate between gall-stones and appendicitis, ulcer of the stomach, kidney-stones, the various forms of abdominal and pelvic neuralgia floating kidney and many other painful affections. As a means of discriminating between gall-stones and appendicitis, perhaps urine analysis is the most convenient. The presence of bile pigment would favor gall-stones, while the absence of bile pigment and an increase of indican would suggest appendicitis. But we should confirm this test by the cardinal symptoms (pain, tenderness at McBernie's point, rigidity of the right rectus muscle, and tumor in the right iliac region). According to Doctor Abram of San Francisco, in gall-stones, there will be found a sore spot at the right of the 11th. dorsal vertebra, while in ulcer of the stomach there will be found a sore spot at the left of the same vertebra, but in such cases it may be necessary to make use of the gold bead method, the blood stain on the thread indicating gastric ulcer, also giving some idea as to its location. While the absence of blood stains do not exclude gastric ulcer, if such condition be accompanied by bile stains, we assume an attack of gastralgia, but the absence of both blood and bile stains, points very strongly to gall-stones. Dr. med. Wolfgang Bohn spezialar zt in Halle, describes the pain in gall-stones (biliary colic) as being located in the region of the gall-bladder and radiating back toward the scapular, while the pain in renal colic follows the course of the ureter shooting toward the bladder and even into the lower extremities. The presence of bile pigment in the urine and the clay colored stools point to gall-stones while the presence or absence of hemituria and the X-ray examination will confirm the diagnosis. In deciding between biliary colic and the various forms of abdominal and pelvic neuralgia, Witigenstein recommends applying one pole of a galvanic battery to the seat of pain and the other to the vertebræ just opposite. If the pain be caused by neuralgia, it will soon be relieved, while if it be caused by biliary or renal colic etc., there will be no change. When we are called to decide between biliary colic and floating kidney, particularly if operative measures are to be considered, perhaps the best method to be adopted is to inflate the colon with air or carbon dioxide as the distended colon will push the liver out against the abdominal wall where it may be easily palpated while a floating kidney will be pushed back into its proper place and the pain will be relieved.

ICTERUS AND CACHEXIA: This condition suggests carcinoma of the liver but since carcinoma of the liver is usually secondary to carcinoma of some organ and since by the time it has reached the cachectic stage, not very much can be expected either from operative, medical or physical method of treatment, it is for the physician to devise some means by which this condition may be recognized in its inseption. Leo, professor in the University of Bonn, tells us that about 70 per cent. of the cases of hepatic cancer are hereditary.

According to Ewald, the German insurance agents charge higher rates to those persons whose parents died of cancer. Ronenheim in discussing gastric ulcer says that about 9 per cent. of such ulcers sooner or later develop into carcinoma of that organ. The age should also be considered, as a greater part of the cases occur in persons over forty. Icterus accompanied by a persistent itching of the skin, points very strongly to carcinoma of the liver. A yellowish discoloration of the conjunctiva followed by a discoloration of the skin and constipation is pathognomonic of carcinoma of some of the abdominal organs. Any of the above symptoms as well as dyspeptic symptoms (fullness in the region of the stomach after eating, a furred tongue, perverted taste, tenderness in the region of the liver etc., should suggest that further clinical investigations might be necessary. If I may be permitted to refer once more to urine analysis, I would say that the test for peptones, the Löfler's methylene blue test, the barium sulphate and peroxide of hydrogen test devised by Salomon and Saxl of Vienna, the iodine test and ammon-sulphide test worked out by Walker and Klein of New York, will greatly aid the physician in pursuing the proper course. A marked increase in the alkalinity of the blood with a reduct on hemiglobin and a microscopic picture resembling that of pernicious anemia are quite pathognomonic of carcinoma. A physical examination may reveal tenderness in the region of the stomach and liver, pain radiating in all directions, enlargment of the liver, cachexia, surface and lower border of the liver, uneven (hubbly) tumor of varying consistency, and in about 50 per cent. of the cases ascites may be present as a result of a carcinoma of the peritoneum.

Icterus with Ascites: This combination of symptoms denotes cirrhosis of the liver, but as a rule icterus is not present in this affection, when it is, however, we may conclude that the cirrhosis is secondary to gastric or intestinal catarrh, while a smutty, dirty greyish discoloration of the skin would denote a cirrhosis as a result of chronic alchoholism (gin liver). The subjective symptoms are those usually found in gastric and intestinal catarrh as these affections nearly always occur together. A physical examination may reveal in the first stage of the disease, a coated tongue, enlargment of the liver, the surface and lower edge smooth, tenderness on pressure. In the second stage, the liver becomes atrophied, no tenderness on pressure, the abdomen is distended and often, caput madusa. We also find cachexia, enlargment of the spleen and oedema of the lower extremities.

Icterus with Chills: When such symptoms occur, we suspect hepatitis suppurativa (abscess of the liver) but quite as often in this affection as in hepatic cirrhosis, icterus is absent which renders the diagnosis particularly in the first stage somewhat difficult, but considering the history of the case in conjunction with the ætiology (trauma, gallstones, gangrene of the lungs, endocarditis, etc., one should have no trouble in making a correct diagnosis. Hepatic abscess in the first stage may nevertheless be confounded with malaria, but the absence of the malarial plasmodium from the blood and the failure of the therapeutic measures to produce their desired results would argue in favor of hepatic abscess. If we are called to decide between pleuritic effusion on the right side and hepatic abscess, the absence of vocal fremitus, resonance and bronchial breathing which are characteristic of pleuritic effusions, will remove all doubt in regard to the question. In order to differentiate between hepatic abscess and echinococcus we may be obliged to aspirate, but as that affection is rare in this country, such a procedure will not often be necessary.

Westbrook, Maine.

A PSYCHOLOGICAL ANALYSIS OF STUTTERING

Dr. Walter B. Swift, in *The Journal of Abnormal Psychology*, says: "My psychoanalysis reveals stuttering as some vague trouble in the personality. Psychological analysis shows stuttering is an absent or weak visualization at the time of speech. This new concept of stuttering as faulty visualization may be called Visual Centre Asthenia. This lack or weakness in visualization accounts for all the numerous phenomena of stuttering in severe, medium or mild cases. A new treatment is indicated.

In acne vulgaris and other obstinate eruptions due to derangement of the stomach and intestinal canal, good results are often obtained by a daily dose of akaralgia before breakfast.

In the absence of a wire, a hypodermic needle that is clogged can often be immediately opened by destroying the plug by holding the needle in the flame of an alcohol lamp.

GENITAL FISTULA IN THE FEMALE

By CHARLES J. DRUECK, M.D.

Genital fistula is perhaps one of the worst complications we are called to attend in pelvic troubles, because their effect upon the patient's nervous temperament and general health is far out of proportion to the pathological lesion, and no matter what the cause may be, the sufferer ostracizes herself from even her friends.

Fistula in the upper part of the vagina result most frequently from malignant disease, while those in the lower vagina from trauma, protracted and difficult labors, or imperfect union following operations, ulcerative processes of syphilis, tuberculosis or foreign bodies. Anatomical malformations sometimes contribute, although to a small degree.

Although there are a number of different varieties of fistulæ they may be classified for brevity into those from the vagina to either the urinary or fecal tracts.

SYMPTOMS

The actual solution of the tissues that is to constitute the vesicovaginal fistula is preceded by the development of bladder symptoms. In post-parturient cases these symptoms may occupy but a few days, but when ulcerative processes are the cause the bladder symptoms may occupy weeks or months. They begin with frequent micturition and dysuria, showing irritation of the bladder. Later hematuria informs us that the epithelium of the bladder is giving away, and then suddenly the urine gushes from the vagina. From this time on incontinence of urine is more or less complete and the vagina, external genitals and thighs are excoriated from the constant dribbling of urine, and the patient is embarrassed by the urinous odor about her at all times. If the fistulous opening is small and high in the vagina, incontinence will occur only when the bladder is filled, or when the patient is recumbent and not when she is up and about.

The urinary salts are deposited about the fistulous opening and in the vagina, and when removed, either purposely or by the gradual breaking down of the crusts, the surfaces are found ulcerated and bleeding. Contraction is going on in one ulcer while crusts are forming in another place and the opening into the bladder soon becomes circuitous.

In rectovaginal fistula there is but partial fecal incontinence unless the sinus is very large (in the late stages of cancer). In the traumatic forms the opening is very small. Frequently only pin hole in size and only liquid feces escape. But no matter how small the opening is, the intestinal gases are uncontrollable and escape with a whistling noise.

DIAGNOSIS

Urinary or fecal incontinence occurs in so few other conditions, that fistula must be always considered when this symptom is complained of. In puerperal patients sloughing progresses gradually for several days or a week and then the patient has the urine suddenly gush out of the vagina. If the opening is large it may be detected by the palpating finger or with a sound; but if small, it must be located by inspection—that is, by seeing the discharge come through the mucous membrane. For examination place the patient in the lithotomy or Sims position in a good light. Forcibly retract the vaginal wall opposite the expected fistular site, and then carefully examine all of the exposed mucous membrane. Even with careful work, it may be necessary to distend the bowel or bladder with permanganate or some analine solution and watch for its oozing through the wall into the vagina. Sometimes instead of finding a definite opening from the bladder, the vesical mucosa will extrude into the vagina and the urine seep through the thin wall.

PROGNOSIS

There is a vast difference in the history of fistula produced by incision or laceration, and those resulting from sloughing from bruising. The former leaves a clean-cut, healthy edge, which tends to granulate and contract until the opening is closed. Palliative treatment, such as rest, cleanliness and relief of excoriations of the outer parts is all that is needed. If the granulations seem sluggish and the fistula is very small, the edges may be freshened, and the bladder drained with a retained catheter through the natural passages for a week or ten days. Traumatic fistula should not be treated surgically for at least two months, because the majority of them close spontaneously under palliative treatment. Keeping the urine acid and frequent irrigations of the vagina and bladder assist healing.

When the mucosa has broken down by necrosis and sloughed away, the history of the fistula is different. The wound edges are poorly nourished and uneven. Granulation goes on at one place while ulceration is still unfinished in another. About this sloughing mass is a region densely filled with leucocytes which block the circulation. The lymphatics are also filled with debris which they are trying to dispose of. It is little wonder with such pathology that regeneration does not progress or that urinary salts incrust the surfaces. These fistulæ (those due to ulceration) do not heal of their own accord.

TREATMENT

Tentative treatment and the application of caustics is almost useless. In patients presenting recent lesions cleanliness and keeping down fatty granulations will assist nature to close the opening, but where the fistula has existed for some time and is surrounded with cicatricial tissue, nothing but operative procedure offers any hope of cure.

Rectovaginal fistula that open within one inch from the anus are best treated by splitting the tissue between the fistula and the skin, thus converting the wound into a small complete laceration of the perineum and then repaired as such.

Fistula high up in the vagina and those entering the bladder require plastic operations of various forms. The style of operation to be used depends upon the location of the fistula, its connections and form, and conditions peculiar to each case at hand. The greatest handicaps to plastic work here are tension on the sutures, and wound infection. The danger of both of these complications is lessened by placing the line of suture in the line of axis of the vagina. This utilizes any laxity of the vaginal wall. With old persistent fistula, plastic surgery calls for considerable ingenuity in the operator. The operation to be described hereafter is given only as a pattern which the reader must modify and twist to best suit his individual case.

If a fistula into the rectum and bladder coexist, the rectovaginal opening must be first repaired and allowed to heal before attempting the vesical sinus as otherwise the bladder stitches would surely be infected.

PREPARATORY TREATMENT FOR OPERATIVE PROCEDURE

All inflammation and induration must be relieved. Lime salts deposits are to be removed and the tissue brought to nearly normal before any operative work is begun.

The urine should be rendered bland by administration of benzoate of soda or potash.

To remove the crusts of lime that surround the fistulous edges, copious douches of boric acid solution frequently repeated will give good results, or nitric acid, 1 to 4000 may be used.

Ulcerations and abrasions should be brushed with nitrate of silver solution, 5 grains to the ounce every few days. If any scars or bands distort or stretch the vagina, they must be divided and allowed to heal on the stretch. The details of the treatment of scars and bands cannot be taken up in this paper. The urethra sometimes contracts from disuse or cicatrices and must be dilated before repairing the fistula.

Where the fistula is dependent upon some other diseased condition, as cystitis or tubercular ulcers of the bladder or rectum, these conditions must be corrected before any plastic operation will be successful.

OPERATION

In general the plan of this operation is to make a trap-door from the vaginal mucous membrane on one side of the fistula, and turn it into the bladder or rectum as the case may be. The free edge is then stitched to the opposite side of the fistula. This flap is then reinforced by imbricating a portion of the opposite wall over it. This second flap is fastened near the base of the first. The flaps may be taken from either side of the opening. A lateral flap is preferred rather than one above or below the opening.

TECHNIC

The vagina is widely dilated by means of Sims' specula and the fistula is steadied with tenacula. A flap (B in Fig. 1) one quarter of an inch larger than the opening is then marked off on one side with a knife or sharp scissors curved on the flat. The vesicovaginal septum is next split and the vaginal mucosa lifted but leaving the vesical wall and areolar tissue intact. This dissection is carried to within one-eighth of an inch of the fistulous edge, and the remaining tissue is used as a hinge to lay the flap over the opening like a patch. The size and shape of the flap must be determined in each case and varies from the crescent for a round fistula, to a triangle or oblong in irregular openings. Whatever the shape of the opening, the flap must be large enough to cover it completely and have about one-eighth of an inch lap all around.

The next step is to split the vesicovaginal septum around the edge of the fistula opposite the side of the flap, thus making another flap (A), beginning at the edge of the fistula and hinging about three-eighths to one-half inch back of the opening.

To fasten the flaps in place, a curved needle carrying fine catgut is inserted into the flap about one-quarter of an inch from the edge, passed through the connective tissue deeply down to but not through the mucosa and curved back and out again on the same surface about one-eighth of an inch from the edge. Passing over to the vesical half of the flap of the opposite side, the needle is entered in the fresh-cut surface, passed down to but not into the vesical mucous membrane, then turned and brought out again on the cut surface back in the angle of the wound. This is a Lembert stitch. It provides a broad surface for approximation and also lifts the wound edge above the level of the bladder wall.

The fistulous opening is now closed, but the flap of vaginal mucosa (flap A) remains to be fastened. A curved, round needle threaded with fine catgut is now passed through the free edge of this flap, carried over the wound, and into the fresh surface on the opposite side, where it is passed into but not through the vaginal wall and brought out again on the vaginal surface. This stitch very closely resembles that used in suturing for repair of any vaginal tear. The stitches are placed about one-quarter of an inch apart. This second flap (A) closes the vaginal wound and reinforces the flap (B), which closes the fistula. By this method a double-breasted coat effect is obtained. The two rows of stitches are each in the line of axis of the vagina, but are not superimposed on each other. This provides a wide surface for union and raises the vesical line of suture above the level of the bladder wall and thus lessens the danger of infection. After the sutures are inserted but before they are tied, the bladder should be thoroughly washed out to remove all clots.

After Treatment

At the close of the operation a catheter should be inserted into the bladder and retained for two or three days, and after that the bladder should be catheterized every three hours for the balance of the first week. Let me say just a word here about the care of the catheter while it is retained within the bladder. It must be examined every few hours to see that it does not become occluded, and the bladder be dangerously over-distended. It should also be removed once or twice in each twenty-four hours, washed and replaced under the strictest asepsis. Removing the catheter each day greatly relieves the patient and it may be well to leave it out for one-half hour or so each time it is cleansed.

A good dose of castor oil or a saline should be given on the morning of the second day, and after that the bowels should be kept free and the movements soft.

No vaginal dressing or douches are given unless for special indications.

The patient should be kept in bed for ten days, and it is preferable that she lie on her side instead of on her back. By so doing the urine gravitates away from the sutures when the bladder is only partly filled instead of constantly bathing the wound.

After the patient leaves her bed, she should be kept under restraint for at least two weeks, and not allowed to be upon her feet any great time until the tissues may have obtained more strength.

Recently quite a number of plastic operations have been suggested for the relief of this very troublesome condition. Each operator suggests a different method, but all aim to use the tissue obtained by freshening the edge of the fistula instead of discarding it, as is done in the older classic method.

This multiplicity of operations suggests failures in all of them, and it is well to remember that much depends upon the case in hand and upon the inventive ability of the operator.

438 East Forty-sixth St., Chicago, Ill.

Veratrum:—Sthenic fever with large full fast bounding pulse, high temperature, engorged capillaries, onset of acute local inflammation in previously strong patients, acute convulsions with high fever and rapid pulse.—*Ellingwood.*

CANCER OF THE MOUTH—ITS TREATMENT AND CURE

By Samuel King, M.D.

Three years ago John E......, aged 72, of Forest County, came to me with a growth and sore in the mouth. It involved the mucous membrane and deeper structures of the left buccal cavity and extended well back into the soft tissues of the angle of the jaw. He was suffering the most intense pain, stating that the sharp, shooting, lancinating pains seemed to reach every portion of his head. He was unable to rest, but paced the floor. The secretions of his mouth flowed freely, and kept three or four large handkerchiefs or cloths wet all the time. His cheek was swollen and he could not fully open his mouth.

He stated his mouth had been sore for about one year; that his home physician had treated it for some time, but the condition grew worse. His physician finally told him that he was afflicted with cancer and advised him to consult a Buffalo physician. The Buffalo physician confirmed the diagnosis, and suggested, but did not urge, an operation, through a crucial incision of the cheek. He also told him that he could not promise the operation would prolong his life. The leading surgeon in a nearby town also declined to operate, stating in his opinion, it was too late for such an operation to do him any good. Several other physicians had passed on the case in a like manner.

The above is a partial history of the case as he gave it to me.

I considered the patient in a serious condition, and was somewhat in doubt about the curability of the case. To such cases I usually give what I term a preliminary systemic treatment, before I treat the local condition radically. This internal medication and soothing local applications cannot possibly do any harm but, on the other hand, if the patient responds to it and feels better in every way, I am very hopeful that the patient will get well.

Therefore I gave him the syr. phytolacca, pot. sulph. 3x, magnesium phos. 3x, to be taken internally. Locally he was to apply a compress of epsom salt solution on his cheek or side of the face as much as he could each day conveniently. He was to apply to the sore inside the mouth a piece of absorbent cotton, wet with a solution of pot. sulph. 1x, and to rinse his mouth, especially the sore, with a mixture of glycothymoline and Kennedy's white pinus canadensis every three or four hours. He was also put upon a fruit and vegetable diet, and the more of fruit and the less of everything else, the better. This line of treatment was to be continued for ten days or two weeks, when, if all symptoms and his general condition was better, I would try to remove the diseased tissue.

In about two weeks the patient was feeling better. He had little pain, was sleeping good, and his appetite was good and the sore and growth did not appear to be as large.

I now injected a solution containing $ZnCl_2$, HCl, thuja and fld. ext. galangal root with a hypodermic needle into the most prominent parts of the growth, pushing the needle down into the lower part of the diseased tissue. (I watch carefully the result of my injections, which in a few minutes turns the tissues through which it permeates white by shutting off the circulation. It destroys all tissue with which it comes in contact in a few minutes, especially the diseased tissue, which has less resisting power than the healthy normal tissue. In the mouth, this dead tissue or mass sloughs out in about a week and leaves a clean-cut, healthy, granulating surface behind it which quickly fills in and heals, if the cancerous tissue is entirely removed or nearly so.) In the above case the first injection did not remove all the diseased tissue and I again injected the unhealthy looking margins of the sore, after which it sloughed out and healed up nicely. The only outward sign or manifestation of anything of this kind having been done in the mouth is a little depression in the cheek in which you might place the point of the middle finger.

The fruit and vegetable diet and internal medication, the latter consisting of syr. of phytolacca, the triple arsenates with nuclein, epsom salts both internal and local, and pot. phos. 3x, pot. sulph. 3x, calcium phos. 6x, as indicated, were given for three months.

It is now over three years since the above case came to me for treatment. He is alive and well, with no return of the cancer and is doing his share of work on his farm.

I am well aware that some of the readers of this article may question the diagnosis of cancer in the above case, at the same time they may claim they see no philosophy in my treatment, etc., as far as the remedies are concerned. For the benefit of these, I would state that most of the cases which come to me have been examined and had their case diagnosed by good physicians and surgeons as cancer, although I cannot explain to my own satisfaction what is meant by the term, and I treat many of these cases to an apparently permanent cure. I would also like to quote or insert the following clipping from one of the New York papers:

> London, Nov. 11.—Seven patients suffering from cancer have been cured "by assisting nature's efforts," says Dr. Robert Bell. head of the cancer research department of the Battersea General Hospital.
>
> "We have been able to demonstrate beyond doubt," Dr. Bell added, "that the healing power of nature, if sufficiently assisted by regulating the diet regimen of patients, together with the administration of therapeutic agents, has proved in many instances quite competent not only to overcome the disease, but to bring about complete recovery."

You will note that my line of treatment is in accord with the above clipping. I contend that the term *cancer* is a misnomer; that the tumor and subsequent ulcer is the outcropping of a uric acid condition brought about by an overloaded blood and the consequent lowered vitality of every cell n the body. But the primary cause is the unbalanced condition or lack of the necessary mineral salts. These inorganic salts are the vital elements of the body, the builders, the workers, and, when a deficiency occurs in any one of them, the perfect chemistry of the living organism is disturbed and a condition arises known as disease.

This deficiency is brought about in this way: Nature supplies these in abundance for all our needs, but the manufacturer either through his greed for profit, ignorance, or an appeal to our vanity robs many articles of our daily food of nearly all of these mineral salts. For instance, the grain of wheat contains about 5 per cent. of these necessary and vital mineral salts, but the best refined flour contains less than ½ of 1 per cent.; the unpolished grain of rice, I have read, contains between 6 and 7 per cent. of mineral salts, while the polished rice which we buy at all the groceries contains less than 1 per cent.; brown sugar, nearly 4 per cent., the refined granulated sugar, less than 1 per cent. Many other foods subjected to bleaching and refining processes are likewise robbed of vital elements needed in the body chemistry. You cannot have a hair, a nail, or the enamel on a tooth without silica, and this salt comes largely from the hulls of the cereals; a bone cell without the phosphate of lime, or a drop of blood without the phosphate of iron.

Therefore, to satisfy this lack of mineral salts I place my patients on a fruit and vegetable diet, because I believe they contain a larger amount of these mineral salts than many of the prepared foods, and are more of a natural food than so many of those that come to us second hand; also because the acetic acid in the fruit is a uric acid solvent, thins and purifies the blood, and is a stimulant to both kidneys and skin. It can also be taken in amounts large enough to satisfy the cravings of the stomach and hunger without overloading the blood with an excess of nourishment, like a diet of meats and eggs and the richer articles of food.

I give phytolacca because it contains, I have read, more of these natural mineral phosphates in a form that is readily assimilated than any other plant that has yet been analyzed. It is the greatest glandular alterative I know anything about, and the majority of these tumors originate in a gland. I give the mineral salts in the form known as the "Tissue Remedies" directly when I think a certain salt is indicated.

I do not believe that a causeless tumor ever originated or continued to exist when the cause of its existence and growth had been removed.

Warren, Pa.

Bismuth subnitrate is of the greatest use in painful digestion, or a kind of gastralgia which comes on soon after eating. The pain is peculiar; it is a remittent pressure as from a stone or some heavy substance in the stomach; some would call it a crampy pain, others a griping.

When your patient has a pulse that is small and frequent, with a hot and dry skin, aconite will be useful. Add gtts. v to aqua ℥ iv, and give in teaspoonful doses every one or two hours.

Veratrum viride in small doses is as much a "cardiac tonic" as digitalis is in large.

OUR FRIEND—THE WHITE BLOOD-CORPUSCLE

By Axel Emil Gibson, M.D.

The contention has been made that the white blood-corpuscle, in place of being an integral member of the bodily household, equipped with powers of usefulness in the service of life and health, is a pathological nondescript, a dangerous vagrant in the human body, with no other basis for existence than a mass of putrid matter—"pathogene"—accumulated in the system through excesses in eating and drinking.

As an argument in favor of this view is held the fact that whenever pathological conditions arise in the system, as in the case of fevers, inflammations, etc., the number and activity of the white blood-corpuscles are increasing, which is made to indicate that the latter stand to the disease as a cause to its effect—a mode of reasoning, however, which has no more justification than to refer to a transport of militia as a cause of the very riot, which they are called upon to subdue.

If the "pathogene" theory is true, and each one of the 8,000 to 10,000 leucocytes that constitutes the number of white blood-corpuscles in the human body is an agent of degeneracy and death, the whole creation suffers under an irredeemable curse, with normal health as an utterly unknown and unknowable factor in evolution. For on every animal, from the field-mouse to the elephant, is set the same death-mark of a never-present standardized percentage of the white blood-corpuscles to the general mass of the blood.

And furthermore, if the white blood-corpuscle is the outcome of an excessive consumption of "grease, starch and proteids," how did it ever arise in systems—say the elephant, the camel, the ox—whose diet constitutes the very ideal of vegetarianism? A pathology, which finds a basis in the very midst of unadulterated environments, and under the auspices of an unobstructed natural evolution, must stand for the very essence of life, and be the stuff of which not only "our dreams are made," but in which the very balance of nature has its support.

The theory of pathogenic blood-corpuscles is in direct opposition to facts obtained in the experimental fields of fasting. In his book, "Healthology," Dr. Irving J. Eales, after a month's fasting found the relations between the erythrocytes—the red blood-corpuscles—and the leucocytes—the white—absolutely undisturbed. Now, if the latter are made up by physiological impurities and dependent for their existence on a perpetual accumulation of excess in food, with its waste and putrifaction, how can their presence be explained in a system just emerged from a long course of fasting through which the body had been reduced almost to one-third of its original weight?

In fact, judging from this and other similar experiments, it would seem that "pathogene" notwithstanding its purely non-constitutional and pathological character, should be the only substance allowed to retain its deadly grip on a system, normalized and rejuvenated through the purging, weeding, eliminating processes of fasting.

Similar results have been obtained by other experimenters. In his fasting experiments on animals, Dr. Voil, of Leipsic, found that after thirteen days' absence of food a cat had lost: Of bone, 13.9 per cent.; muscle, 30.5; liver, 53.7; kidney, 25.9; spleen, 66.7; testes, 40.; lungs, 17.7; heart, 2.6; brain and spinal cord, 3.2; skin and hair, 20.6; fat, 97.; blood, 27. Yet in the face of this sweeping reductions involving every tissue of the system, "pathogene" alone was spared! For the subsequent blood count exhibited the same standardized relation normally existing between the red and the white blood-corpuscles.

Again as to the pathogene argument, that in pathological conditions, such as fevers, inflammations, congestions, etc., the white blood-corpuscles are found to be on an increase—its value is negative rather than positive. For if the white blood-corpuscle, in concurrence with present data, is an agent of systemic defense against microbic invasion, it naturally and logically must follow that any pathological condition threatening the destruction of an organism would mean a call for the white corpuscle to the front. For in its manufacture of the white blood-corpuscles, the organism has the same resources as in its manufacture of the red—their numbers are regulated by the urgency and expediency of ensuing pathological conditions.

This is borne out by scientific experimentation. Prof. Virchow once traced the career of a white blood-corpuscle from a lymphnode in the plantar muscle of a dog to the dog's nose, where a light lesion had been administered. The response to the call was instantaneous—the little creature controlling the expediency of *diapedesis* pierced the vessel walls and intervening membranes to effect a direct line of passage to its destination, while ignoring the circuitous course through the vascular thoroughfares. And the inflammation and subsequent pus-formation which invariably follows microbic invasion, so far from being the contents of the white blood-corpuscles, is demonstrated to be the corpses of the offenders as well as defenders—the microbes and the leucocytes—left in the trenches of the vital battles. Hence it would be no more logical to regard the white blood-corpuscles as pus ("pathogene"), than to describe the soldiers of contending armies as constitutional carcasses. Similarly the increase in the blood stream of the percentage of the leucocytes at the onset of a disease, so far from being an argument in favor of the pathogene theory, proves to be the only logical behavior of these constitutional elements as defenders of the system against attacks of alien bacilli.

Finally, it may be asked, to what particular class or species of the white blood-corpuscles is the pathogene theory to be applied? Does it involve the granular or hyaline series of leucocytes with their subdivisions of mononuclear neutrophiles, palymarphonuclear, or basophiles? As each one of these classes are distinctly different to type, character, metabolism, reaction to stain, etc.—the latter involving almost every shade of the spectrum; the methylene blue of the lymphocyte; the carmine red of the eosinophile; azure blue of the basophile; pink and lavender of the neutrophile, etc., it would be, least said, rather inconsiderate to depose this entire variety of type and function to the same old, indefinite and indiscriminate waste basket of "pathogene." In fact, such a wholesale relegation of integral, physiologically organized, and anatomically nucleated functionaries would be on par with the attitude of a musical critic, reducing the artistic values of a Beethoven, Wagner, Rubinstein or Strauss to the level of modern ragtime music.

That "pathogene" is a "viscid substance, besmearing the capillaries, and causing the formation of tumors, ptomain, gangrene" etc., may all be very true, as the average system—in consequence of gross errors in diet—is reeking with putrifying or fermenting waste-deposits; but to identify this "pathogene" output with the orderly physiological and biological functions of the great system of leucocytes is neither logical nor scientifically justifiable. A theory may often be true to isolated facts and yet altogether misleading when extended to field of too sweeping generalizations.

Sina ira et studio, however, to all concerned.

520 Chamber of Commerce, Los Angeles, Cal.

BLOOD-PRESSURE

By M. A. Blanton, M.D.

The study of arterial tension has become the order of the day, and clinicians as well as most life insurance companies attach special importance to the variations which the tensions undergo in making estimates of insurance risks as well as in various morbid conditions.

Von Basch is said by some to have first discovered a method of measuring the blood-pressure in unopened arteries while others give this honor to Prof. Potein. This, however, is of minor value to us when compared to the very great value to our patients in the use of the blood-pressure apparatus itself. Years of experience enables the physician to determine to some extent the tension of the arteries by his finger tips, and often the degree of tension gives him more information than any other physical sign presented by the patient; it is always best, however, to employ a sphygmomanometer in order that an accurate estimate may be made and a certain record in figures obtained.

Some persons have a higher blood-pressure than others without indicating any abnormality. Men usually have a higher pressure than women, and the adult pressure is always higher than the child. The following taken from Hare are sufficiently correct for ordinary purposes: In infants the pressure is 60 diastolic to 80 systolic. In children, 70 diastolic to 90 systolic. In adolescents, 90 diastolic to 110 systolic. In young adults, 90 diastolic to 120 systolic. From thirty to fifty years, 90 diastolic to 139 systolic. From fifty to sixty years, 90 diastolic to 145 systolic. After sixty years of age, unless there is disease, the pressure usually falls 5 to 10 points.

The method of obtaining blood-pressure by auscultation is more accurate in my judgment than palpation. Either, however, is recognized by authority.

Arterial tension is influenced by most diseases; some cause a rise, others a fall. In many morbid states do we see transient hypertension; such as eclampsia, cerebral hemorrhage, lead-poisoning, tobacco-poisoning, acute vascular affections, aortitis and pericarditis.

Lasting hypertension we see in two morbid conditions—Bright's disease and arteriosclerosis. Hypertension is so often seen in Bright's disease that it is almost pathognomonic. Apart from these two factors diabetes and some forms of dyspepsia may play some part. Huchard says: "Atheroma and arteriosclerosis are most often accompanied by increase of blood-pressure and it is possible that in some cases the hypertension precedes the usual manifestations of arterial atheroma." In high blood-pressure we find the radial pulse hard; the temporal artery tortuous; the heart-beats are violent; the second sounds in the aortic are ringing; a white line made with the nail brought across the abdominal wall lasts only one or two seconds.

The prognosis is always serious. In addition to the immediate complications, we must not forget that the overwork to which the arteries are subjected may and usually does lead to permanent thickening or hypertrophy of the muscular coat and even to atheroma.

We next take up hypotension, which may be transient or permanent. In the transient form, we find it in most infections, in many forms of poisoning, and in acute cardio-vascular maladies such as Basedow's disease, myocarditis, and in chronic tuberculosis. It is one of the classical symptoms of Addison's disease. The pulse in hypotension is small and usually rapid; a line made across the skin by the finger-nail remains for a long time. The pathogenesis in Addison's disease is of real interest, because it is proof of insufficiency of the suprarenal secretions. High tension is not always evil, since we see this temporarily after exercise and excitement which is of no significance to the clinician unless the subject has a weak heart or arteries. We find high tension in intracranial injury or disease in which Cushing has shown us that the rise is essential to the preservation of life. If Cushing be right, how many patients have been hurried to an untimely grave by bleeding in apoplexy. In carbon dioxide poisoning, the rise is designed to send more blood to the respiratory centers, and the rise due to severe pain from different causes may all be of advantage to our patients. Hare says that it is the pain producing high tension in labor that enables the parturient to take chloroform with practically no danger. High tension is actually needed to drive the blood through fibroid vessels in order that distant parts may be nourished. These facts only hinted and many others unnamed should make us very cautious in the use of vascular relaxants unless we are sure the high tension is actually harmful.

The treatment of high tension consists in avoiding tobacco, spiced fruits, meat diet and alcohol. We should prescribe a diet of milk and vegetables with rigid hygiene. Give nitrites, iodides, purgatives and diuretics.

In low tension we should give cardiovascular tonics when the low tension is due to the heart. In Addison's disease good results follow the use of suprarenal extract or adrenalin.

May we study diligently until we have learned the true meaning of both hypo and hypertension. May we learn and teach not to grow old before our time comes, for growing old before one's time is what is meant by hypertension.

"We are as old as our arteries," is an old and well-founded adage. To depress hypertension in certain conditions is to deprive our patients of the wind from their sails, which carry their lifeboat to the haven of rest; while on the other hand, we may increase the tension in a rational way and save our patients from shipwreck on the banks and cliffs of the very Golden Gate of mature old age.

Baileyton, Tenn.

Do not use sulphur and tar indiscriminately one for another in skin diseases; both are parasiticides and can be used in scabies or ringworm, but otherwise have well-defined indications. Sulphur excels in affections involving the sebaceous follicles and is a drug of choice in seborrhea and acne. Tar is particularly efficient in promoting the absorption of chronic inflammatory infiltrates of the deeper layers of the skin and is to be preferred in chronic eczema, lichen planus, prurigo, etc.

THE BEST WAY TO TREAT DISEASES

By J. A. Burnett, M.D.

The treatment of diseases can be divided into four ways or modes of treatment; namely, medical, surgical, physical and mental. Any physician that neglects any one of the four ways or modes of treatment is not doing justice to his patients, and no one should be allowed to practice who has not a practical knowledge of these four ways or modes of treatment. By the term medical treatment we mean the use of drugs. By the term surgical treatment we mean the use of surgery. By the term physical treatment we mean all forms of mechanical treatment, also known as physiologic or the non-drug and non-surgical treatment. By the term mental treatment we mean the use of suggestion, hypnotism, etc., in the cure of diseases and the correction of vices, habits, etc. These four ways or methods of treatment overlap each other in such a way as to make no positive line of division, as in some cases all four forms may be required in order to give the patient the best that medical science can offer.

It is essential to understand all forms of treatment in order to thoroughly understand any one of them and to know when one or more forms of treatment was needed in a given case. Medicines have been used in all ages by all nationalities of the world as far back as history teaches, and will continue to be used for all ages to come—for in some cases it will accomplish what nothing else can do.

Even all of the savage nations of the present as well as of the past used roots, herbs, etc., in the treatment of diseases. The use of many of our American herbs have been learned from the native savage Indians during the first settlement of the United States. Even the savage Indian had intelligence and reasoning enough to know from experience that certain herbs were of value in certain diseased conditions. We now have "healers" and so-called "doctors" all over the United States that try to teach people that drugs are of no value. Such "healers" and so-called "doctors" do not have as much brains as the savage Indians. Some of these "healers" and so-called "doctors" have never taken a course in regular medicine and have only taken a short course in some form of physical therapeutic measures and wish to apply it to all kinds of cases. Such "healers" and so-called "doctors" try to teach the people that drugs and surgery is useless, because they want their patronage and are not allowed to practice medicine and surgery. A regular physician and surgeon is one who has taken a regular college course and knows the use of medicine, surgery, physical and mental methods. He is then able to treat disease by any and all known methods as he sees fit to do so. He can use medicine, do surgery, use any or all physical methods as well as mental methods.

Medicines are used in various ways: They are given internally for general systemic effect or for local effect; they are used externally for general systemic effect or for local effect; they are used by rectum for general systemic effect or for local effect; they are used by inhalation for general systemic effect or for local effect; they are used by valitilization for general systemic effect or for local effect. "And the leaves of the tree were for the healing of the nations." (Rev. 22:2) "And the leaf thereof for medicine." (Ezek, 47:12.) "Purge me with hysop and I shall be clean." (Psalms, 51:7.) Hysop was even known to be a purgative and "blood-purifier" when the psalms were written.

In order to treat diseases we should be all-around physicians; *i. e.*, we should be versed in all forms and all modes of healing and not try to make one form apply to every pathological condition, as "healers" and so-called "doctors" do. We should be regular physicians. "They that be whole need not a physician but they that are sick." (Matthew, 9:12.) "They that are whole have no need of a physician but they that are sick." (Mark, 2:17.) "They that are whole need not a physician but they that are sick." (Luke, 5:31.)

It is the opinion of some that a physician and surgeon only knows the use of medicine and surgery and is not informed on the physical or mental methods of treatment, and if one desires any of the physical methods they must go to a so-called "doctor" or "healer" or "chiropractor" or "osteopath," etc., in order to get physical modes of treatment. This is an erroneous idea. A well-informed physician that is up-to-date, as one should be, not only knows medicine and surgery but knows all the physical and mental methods far better than the so-called "healers," so-called "doctors," etc. Of course I am aware of the fact that many physicians neglect the physical and mental methods of treatment and this is the real cause of the so-called "doctors," "healers," "magnetic-healers," "Christian Scientist," and others to exist. I agree that it is legitimate for anyone to specialize in internal medicine, surgery, physical methods, mental methods, and take up any specialty and devote special attention to it or limit his practice to it. But first of all have a regular medical college course and get a practical knowledge of all branches and then one is capable of specializing or devoting special attention to a certain method of treatment.

The idea of becoming a specialist without first a ground foundation, as some of the "healers" and so-called "doctors" do is erroneous and should not and will not be considered by people informed on such topics.

Surgery is used in various ways, as to remove various growths, tumors, cancers, etc.; to relieve deformities as hare-lip, preputial adhesion, elongation, contraction, etc., of the penis in the male, and of the clitoris in the female; to open abscesses and let out pus; to amputate in crushed limbs, etc.; to remove foreign objects that enter the flesh that nature will not allow to stay in; to close bullet holes and other wounds in stomach, intestines, etc., and for numerous other things too numerous to mention.

Surgery when needed is like medicine—nothing will or can take its place. It would be erroneous for a chiropractor to punch a patient in the back that had swallowed a large dose of arsenic in place of giving the chemical antidote. For instance a girl child having reflex troubles from preputial adhesions would not need a punch in the back but would need surgery—female circumcision. Why not have general knowledge and in all cases seek the cause and then remove it the best way our judgment dictates—whether it be by medicine, surgery, physical or mental methods. A chiropractor would not be allowed to open a ripe boil full of pus. I would hate to be limited to such a small sphere of action in a life work.

There are various different methods of treatment. Osteopathy is a new name for a form of treatment as old as drug or surgical treatment. Osteopathy is nothing but massage, which was practiced in ancient times. Chiropractic is a form of spinal treatment or a system of backbone punching which has been particularly practiced in Bohemia as far back as history reaches. Medical literature of 75 and 100 and more years ago have various references to spinal treatment, manipulations, etc. In 1871, W. P. Hood, M.D., M.R.C.S., published a book "On Bone Setting (so-called) and Its Relation to the Treatment of Joints Crippled by Injury, Rheumatism, Inflammation, Etc."

Chiropractic is nothing but a combination of massage and spondylotherapy, and with many hypnotism and business talk is the main part. There is a vast amount of literature both new and old on all forms of the physical methods of treating diseases. Dr. S. S. Cohen, of Philadelphia, Pa., is editor of a "System of Physiologic Therapeutics," in eleven octavo volumes. In this work alone there is more literature on physical methods than in all the combined writings of all chiropractors and osteopaths. Mention of the work by Cohen is not a starting of what has been written by the regular medical profession on the physical methods of treatment.

Other good books are "Spondylotherapy," by A. Abrams, 5th edition. $5.00; "Mechanical Vibration—Its Physiological Application in Therapeutics," by M. L. A. Snow, 1912. $3.50; "Electricity, X-Ray and Radium," by S. Tousey. 2d edition. $7.50; "Phototherapy," by N. R. Fensen. Translated by J. H. Sequeire. $1.75; "Monell Pictorial System," $15.00; "Cleaves Light Energy," $5.00; "Skinner Therapeutics of Dry Hot Air"; "Biers' Hyperemic Treatment," by Myer and Schmieden. Many other books on many other subjects of physical methods could be mentioned, besides the various journal articles and partial discussions in other books not devoted entirely to physical methods.

The regular reputable physician is not tied up to medicine and surgery alone, but uses medicine and surgery as well as all of the physical measures and mental measures in treatment.

The following is the dedication in Willard Carver's "Applied Psychology," 1914: "To all that have patiently, persistently and honestly striven to know the truth in their efforts for such acquisition have understood that in the universe. . . . all that is. . . . is essential and necessary and that each attribute or organism, organ, segment, atom or thing has its place and relationship in the great harmony. . . . and to all that shall come in like spirit and recognition in the future . . . . this book is most respectfully dedicated."

All reputable physicians have striven to know the truth by taking a regular medical college course where all methods of healing are taught as in their efforts for such acquisition have understood that in the universe . . . . all that is . . . . is essential and necessary in the treatment of diseases and that each attribute—medicine, surgical operation, physical or mental method has its place and relationship in the treatment of diseases—and to all physicians that shall practice in like spirit and recognition in the future are the only ones that should be allowed to practice or that deserve respect from the general public.

The partial educated, so-called "doctors and "healers" should be a thing of the past, as life and health are too precious to be put in the hands of a partially educated "doctor" or so-called healer" who only knows a little of one form of treatment. Besides having practically no knowledge of diagnosis, prognosis, and other branches which are necessary in all kinds of practice, be it either medical, surgical, physical or mental.

Hartshorne, Okla.

REMARKS ON RETENTION OF URINE

In retention of urine, bladder is filled, but patient is not able to empty it.

In suppression of urine, no urine is secreted by kidneys.

In rupture of bladder a catheter is introduced into bladder, and little or no urine obtained. A measured quantity of fluid is introduced into bladder, but full amount does not return, as it has leaked out into peritoneal cavity.

Causes of Retention of Urine are:

1. Stricture, which may be spasmodic or organic.
2. Enlargement of prostate due to senile hypertrophy or gonorrheal inflammation.
3. Foreign body impacted into urethra, such as a calculus, or something introduced for purposes of masturbation.
4. Paralysis of bladder, in acute fevers or due to nervous disorders.

Examination reveals a round, smooth, fluctuating suprapubic tumor, due to percussion. Rectal examination should be made to determine condition of prostate urethra explored with a steel sound.

Treatment—A spasmodic stricture and oftentimes an organic stricture will respond to a full dose of morphia and a hot sitz bath prolonged for half an hour, but the main dependence in cases of retention is the catheter. In many cases where a catheter cannot be passed a filiform whalebone guide will enter the bladder and a Gouley's tunnelled catheter used. Adrenalin solution, because of its property of shrinking the mucous mem brane, is sometimes of value, and then the urethra should be distended by filling with olive oil.

After bladder is emptied, guide is left in place and stricture is treated either by operation or continuous dilatation.

In cases where a guide will not pass, stricture suprapubic puncture or the operation of external urethrotomy must be resorted to.

In cases of retention due to gonorrheal prostatitis urethra should be well irrigated, before catheter is passed, so as to lessen chances of infecting bladder. In senile hypertrophy of prostate a catheter should be inserted at once. The bladder should not be emptied entirely in these cases as it may cause urosepsis and suppression of urine.

Foreign bodies may sometimes be removed with a long urethral forceps through endoscope, but usually a perineal or suprapubic operation is called for.—*Dr. H. H. Morton in "Medical Times"*

Have you tried rubbing your scarlet fever patients with oil of eucalyptus? If it is to be applied to large areas, dilute with olive oil or liquid petrolatum.

Echinacea is an excellent remedy in all conditions of sepsis as in boils, carbuncles, septicemia, and a tendency to the formation of abscesses.

Rubbing the patient with unguentum Crede is recommended by Van Zandt in treating scarlet fever.

Medical Gleanings

Under this head we endeavor to present a Condensed Summary of Practical Medicine, drawn from the best and most reliable sources, thus saving our readers much labor in winnowing out from the chaff, medical grains of real value.

CHRONIC CONSTIPATION IN INFANCY

Chronic constipation in infancy is usually the result of either insufficient milk or a milk poor in fat which is so thoroughly absorbed that there may be no residue left to stimulate peristalsis. The treatment in breast-fed infants should begin with the mother. She must have a nutritious diet, plenty of outdoor exercise, and sufficient sleep. The infant is put on a complementary feeding, giving two or three bottles a day of a suitable milk mixture high in fat and dextrimaltose. The breast and bottle feedings are given either alternately or to suit the convenience of the mother. The result is that the mother has enough rest between nursings and there is an abundant accumulation of milk in her breasts at the next feeding, while the infant is helped along without laxatives by a better mother's milk and two or three bottles of good modified cow's milk.

In bottle-fed infants the problem of feeding in chronic constipation is much simpler, for one can easily regulate the quantity and strength of the food, though of course breast milk is much better than cow's milk as a food for an infant. I put the baby on raw certified milk, modified to suit its age, weight and general condition, high in fat and dextrimaltose, given at regular hours. The chronic constipation, which is due either to a lack of food or a milk mixture low in fat, is thereby relieved without drugs.

At the age of about six months I add to the infant's diet, orange juice and a well-cooked cereal, preferably oatmeal. In addition to dietetic treatment, the infant should be allowed as much exercise as possible by removing occasionally all restraints of the diaper and other clothes so that it will have free play of its limbs and be able to set every muscle in motion. Abdominal massage and regular habits in bowel movement aid in overcoming chronic constipation.

I have treated with success many infants with chronic constipation without medicine by simply giving them the proper amount of raw certified milk with sufficient fat and sugar, either lactose or, in the majority of cases, dextrimaltose and at a later age orange juice and a well-cooked cereal. When anemia or a chronic wasting disease is the cause of constipation, the underlying disease should be diagnosed and treated. A small dose of thyroid extract once or twice a day, together with a proper diet, will do much good in a case of chronic constipation in a cretinoid infant, and raw fresh milk, phosphorus and cod liver oil, with plenty of sunshine, will cure chronic constipation in a rhachitic infant.—*Dr. J. Epstein, in New York Medical Journal.*

"CAN THE SPEECH PRESENT A SIGN OF CONGENITAL SYPHILIS?"

Dr. Walter B. Swift, of Boston, states that: "Congenital syphilis can cause a faulty or incomplete development of vocal cords that results in vocal monotony and harshness in both conversation and weeping. As spirochætosis has been of late offered to cover all the lesions of syphilis, I propose as a name for this sign scaphoid vocal cords and spirochætotic harshness.—*Boston Medical and Surgical Journal, October 21, 1915.*

LOCAL ANESTHESIA

℞	Phenol	gr. xx.
	Camphor	gr. xx.
	Chloroform	ʒvj

M. Sig.—Apply locally with a pledget of cotton.

SORE THROAT SUGGESTIONS

All sore throats are caused by microorganisms except those due to trauma, and these at once become infected by the same parasites.

Any form of sore throat opens the door to the invasion of diphtheria; and no man may tell when these germs are not present, in carrier or house.

Make it a rule that every sore throat must be treated from the standpoint of preventing the supervention of diphtheria.

Fortunately an effective preventive of diphtheria is also a quick, sure and harmless cure for any sore throat. Here it is: Potassium chlorate pulv., grs., 30; acid hydrochloric, strong, dram 1. Mix in a 4-ounce vial and add at once water to fill; cork tightly. Dose, a teaspoonful, undiluted, every one to four hours. Give water just before each dose. As long as the green color shows free chlorine it is active; when this fades, throw away and renew.

In cases needing astringency and in early diphtheria add two drams tr. ferri chloridi to the 4-ounce mixture just described. Same dose, same method of dosing. While this is a disagreeable dose, it so quickly relieves the burning that a little child will beg for more doses.

The angina of scarlatina responds promptly to applications of salicylic acid solution, until true diphtheria complicates; when it is useless.

All forms are bettered by relieving from fecal toxemia, which renders the best local treatment nugatory in chronic forms.

Begin by clearing the bowels and draining the water off; calomel and podophyllotoxin for six doses; then a saline laxative; and meanwhile your local applications.

Our fathers believed (a) that calomel acted on the liver; (b) that it did the patient good. In the vast majority of cases the latter belief was correct. You may argue the first.

Aconitine dissipates an acute pharyngitis by opening the blood vessels and letting the blood flow out and decongest the affected tract.

Atropine dissipates an acute catarrh by dilating the capillaries generally and pulling the blood out of the engorged area.

Pilocarpine dissipates an acute mucous engorgement by draining the blood of water so that the congesting fluids run out into the vessels.

All stimulants of excretions act like pilocarpine, but few if any so thoroughly and so quickly; still, hydragogs are effective.

Potassium bichromate in very small, frequent doses has a singular soothing effect on an inflamed throat; let the granule dissolve on the tongue.

Calcidin in small doses every fifteen minutes, in a spoonful of very hot water, usually dissipates an acute sore throat if taken early enough.

A cold wet compress to the neck is believed by many to be quite effective and may be applied to any acute form of sore throat; ice in diphtheria.

The slightest sign of coryza in diphtheria is ominous; begin syringing the nostrils with silver nitrate at once; changing to chromic acid if epistaxis occurs.

In chronic forms, with red thickenings of mucosa, paint daily with iodine, keep bowels clear, and give potassium bichromate or calcidin regularly.

Many remedies abort a forming tonsillitis if given early enough—salicylates, quinsy balls, guaiac, chlorine, quinine, pilocarpine, purges.

Calx sulphurata (calcium sulphide) is probably the most effective of all—give a centigram every fifteen minutes till the skin smells like—? ? ?

Nuclein solution is a curious remedy here; amazingly effective if taken early and in full doses of full strength.

The irritative cough is relieved by allowing granules of codeine, 1-6 grain each, to dissolve on the tongue, meanwhile restraining cough by will.

In influenzal forms forget your dosage and give enough calcidin to do the work; it will do it; give 5 to 10 or 20 grains often.

Just to be up-to-date, I suggest that in all sore throats you amputate the affected parts as quickly as possible.

Chronic forms require chronic treatment; and here is where helenin, the tonic action of berberine, and especially persistent care of the bowels give good results to him who has knowledge and patience.—*Clinical Medicine.*

BRIEF ABSTRACTS

A symptom rare and not absolutely characteristic, may lead to diagnosis of an occult disease. This applies to sudden increase and decrease of refraction in diabetes of a presbyopic age.—*C. Zimmerman*,

While a great many may be disappointed in the use of tuberculin, they ought to improve their technic instead of blaming the therapeutic agent.—*N. E. McBeath, Wis. Med. Jour.*

There was a time when lack of knowledge of drug action and drug application was, perhaps, excusable. It is so no more.—*Ellingwood.*

GELSEMIUM—Fever with nervous phenomena, excitability, restlessness, flushed face, bright eyes, contracted pupils, sharp quick pulse, nervous twitchings, acute determinatino of blood to the head.—*Ellingwood.*

ACONITE—Sthenic fever with sharp, hard, quick pulse; dry, hot or burning skin; spinal chilliness, suppressed secretions, onset of acute fevers, early stages of acute inflammation development of exanthems.—*Ellingwood.*

Scarlet fever germs are thrown off by discharges from kidneys and bowels, and are said to remain alive for months or years if protected from air and light.—*Hektoen, Public Health.*

C. H. Duncan announces a positive method of preventing and curing purulent infection: "The soldier should be instructed to lick or suck his wounds as soon as inflicted, and every two to four hours thereafter for several days. —*American Medicine.*

Two per cent. of the people own 60 per cent. of the nation's wealth; 65 per cent. of the people own less than 5 per cent. of the wealth. Which goes to show that the workingman has been able to provide necessaries only as they have made possible the rapid growth of predatory wealth.—*E. H. Caller, Public Health.* We haven't any wealth, predatory or other; but when we hired carpenters at union wages to work for us, one of them drank 28 bottles of beer in one day.

TUBERCULOSIS—In addition to the three fundamentals of rest, good food and fresh air, optimism and backbone are valuable in the restoration of health.—*J. S. Ford, Public Health.*

The problem of education is to search out in early life the feeble-minded. The channel through which this search must flow is the school.—*J. S. Richardson, Public Health.*

Thou shalt not steal the child's future, Oh! parents and teachers, through your neglect to provide entertainment, which is the garden of the child's soul.—*David Swing, Public Health.*

Surely Dr. Carlos Finley deserves more signal honors than the greatest of generals leading his destroying armies into the field.—*Chamberlain's.*

Dr. King, of Bradford, Pa., is responsible for the story that he froze the leg of a negress from the knee down for lumbago, using ether spray; and ten days later the limb was still perfectly white.—"*Red Back.*"

The early symptoms of ectopic pregnancy will be masked in that group which, having suffered from pain, dysmenorrhea and metrorrhagia know no freedom from these symptoms which result from pre-existing pelvic lesions. —*R. H. Fowler, Amer. Med.*

When a person and his ideal are wholly misrepresented by our press, what can be done about it?—*Bertha Buell, Critic and Guide.* Nothing!

CANNABIS SATIVA

Hamilton, in the *Journal of the American Pharmaceutical Association* for April, 1915, concludes that, first, American hemp contains the active constituent; second, if equal care is exercised in selecting the proper part of the drug for extraction, no material difference in activity will be found between extracts of Indian and American hemp; third, apparent lack of activity and variability in activity applies equally to both varieties of this drug; fourth, under proper directions there is no valid reason why American hemp cannot be collected to advantage to replace the imported article.—*Therapeutic Gazette.*

Notes and Queries

For this Department we cordially invite Questions, Comments and Criticisms on all Topics of interest to the Physician in his daily work for relief of the sick, thus making the Summary a valuable medium of communication between the medical profession.

Correspondents will give their names and addresses, but initials will only be printed when desired.

The queries in this issue awaits the Answers which our intelligent readers may be pleased to contribute for publication in our next.

REPLIES TO QUERIES

Editor Medical Summary:

Since my article appeared upon the Drainage of the Human System I have been deluged with questions. Some of these questions are superfluous and have no connection whatever, with the questions I discussed in that article. Other questions I unreservedly admit I am unable to answer. Some I think I can answer. One question is, "Why use calomel when it is generally so harmful?" I would reply to this question by saying I have never found in my practice anything which, in connection with castor oil, is so efficient in emptying the intestinal tract; and I am sure I have never found anything less harmful. In using three or four grains of calomel in divided doses never hurts or does damage to anyone. I have frequently recommended this article even in children with the happiest results. Calomel as used twenty years ago, in from twenty to thirty-grain doses, did do an immense amount of harm. Many bad results followed these heroic doses. But I do not believe that three or four grains in divided doses ever hurt anybody. I think in this way it can be safely used. Castor oil never has harmed anyone, but we must admit that it drives everything before it.

"Why is it necessary to empty the bowels daily?" is another question which many have asked. Well, a patient is not going to die by any means, if they do not have an action of the bowels daily. Yet how much cleaner the sewerage will be if all deleterious and poisonous matter is carried away daily. Think of what we eat and drink every day; think of the refuse matter in this. Is it not better to have this offensive matter eliminated daily than to carry it in the system until the breath smells like a water closet and the feces smell like rotten eggs, sulphurated hydrogen or worse? Get rid of this putrid, poisonous matter in every case is my advice.

"Why are bananas objectionable?" is another question that several have asked. I tried to explain that they so often cause constipation that they are objectionable. Now it is a fact that bananas in many people cause constipation and in many they do not. Hence my advice would be if in any case they cause constipation, they should be eliminated from our diet; if they do not produce this result, then I say eat them. With my wife, daughter and myself they invariably cause this condition, so we do not eat them. Trial, I believe, is after all the best rule to follow in diet, but these results have to be tested in nearly every case.

Another question asked by a doctor: "Is it genteel or polite to ask a young lady if her bowels are acting, or if her kidneys are acting? Would it not be better to restrict these questions to the young lady's mother?" Well, in reply I would say young ladies are not fools. If they are they had better get rid of their foolishness. I venture to say that any and every young lady understands the nature of these questions and are not in the least abashed by them being asked. Young ladies know fully as well and even better than young men the necessity of these functions, because their good, sensible mothers have taught them; while in many instances I have found the father derelict in educating his boys. Of course we are aware that many things are considered obscene and objectionable relative to natural functions. Why in the name of common sense should they be so considered I do not understand. I am convinced that if natural functions and natural laws were more commonly taught, we would have a much healthier and better adult life. Why keep from a boy natural sexual conditions? Why keep from a girl natural sexual conditions?

If there is any sense or benefit resulting from this secrecy, or so-considered secrecy, I cannot see where it is. Mothers, teach your girls what you know yourself! Fathers, educate your boys in all that pertains to them. Have more confidence between mother and daughter and more confidence between father and son, and I believe we would have far less sexual diseases to treat.

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TREATMENT OF CANCER—REPLY

Editor Medical Summary:

I take it criticism is the soul of advancement in science. We, as men of scientific attainments, cannot be classed with the ignorant who judge in some cases by their own hopes and fears.

Now in reading over the last *Summary*, we read of an interesting case of cancer of the stomach, declared by the author to be in an advanced stage, and furthermore, the same author declares he is able to cure from 75 to 90 per cent. of all cases of cancer.

A certain Eli G. Jones also declares he is able to cure these cases of cancer of the stomach as easily as rolling off a log. Now the medical profession has declared in council, and still do declare, that no well authenticated case of cancer of the stomach has ever been cured by drugs alone.

Now, let us examine this alleged case of cancer as reported. Symptoms as reported by the author: Severe, cutting, lancinating pains about two hours after eating, in the region of the stomach. Do we have such pains in cancer of the stomach? We do not. If pain is present, it may be felt immediately after eating and at other times, to be sure. However, in duodenal ulcer pain comes on about an hour or two after eating.

Not to be too critical, the doctor reported a typical case of duodenal ulcer, with the exception of a tumor, which may have been easily confused with some other organ. Naturally with no medicine whatever with a liquid diet as laid down by the doctor (which was excellent), the case would have recovered. We may conclude no matter how many physicians may have made a diagnosis of cancer in this case, they were mistaken. To be wrong is not so very infrequent in the practice of medicine, as one who has practiced but a few years may see by a little retrospection.

Now, to further extend the discussion, we might note a few points on the diagnosis of cancer of the stomach. We find in an advanced case of gastric cancer these things: Anemia may be severe, sometimes as low as 15 per cent. hemoglobin; pain may be present, but not always; when it is present it occurs after eating as a dull pain or distress. In some cases pain occurs at all times without relation to food. Vomiting occurs in about 90 per cent. of the cases; free HCl is absent in the vomitus; tenderness may be absent. Never so severe as in ulcer; large tumors may be quite insensitive; the stools generally contain blood.

An actual case of cancer proved by operation showed these things: Loss of flesh; dull pain in the abdomen not definitely localized, but more marked in the lower half; he has distress and flatulence after meals and frequent vomiting immediately after taking food. No tumor; hemoglobin, 25 per cent. Stools showed blood. No free HCl in the stomach. Operation found a cancer of the stomach wall. Not having the benefit of Jones' treatment, the patient is now dead.

It is difficult to diagnose cancer of the stomach. It is no doubt true that many cases of cancer improve only to become victims later of an increased virulence. The treatment of cancer, no matter where it is located, except in inoperable cases is operation. Operate early before it is too late. All cases not operated on have died at some time or are about to do so, and probably glad to do it.

Reports of alleged cures not well authenticated by facts lead us nowhere except back to the hole we went in at. It is well enough for a patient to pay out hard-earned money for quacks and patent medicines, so-called sure cures for cancer, but the medical profession deals in actualities and cannot but tell these people the facts as found.

R. A. BLACK, M.D.
Sullivan, Maine.

CHAPPED HANDS, ETC.

Editor Medical Summary:

During the latter part of winter and early spring is the season for chapped hands and similar troubles, and it is well for the physician to be prepared for the occasion. The physician should also have his hands in proper condition; not rough, horny or grimy. It is of the greatest importance that the physician, though compelled to put his hands frequently in filth and discoloring matter, should always appear with clean hands.

I will give you a few formulas, some of which may be of interest to some of your readers.

HAND LOTION FOR THOSE THAT DO MANUAL LABOR

℞ Glycerin	ʒv
Aqua ammonia	ʒj
Bay rum, pure	ʒv
Rose water	ʒxiv

Mix and direct to be applied to the hands after washing, and rub in till dry.

CHAPPED HANDS

℞ Lanolin	℥j
Ichthyol	ʒiss
Oil bergamot	gtt. xx

M. Rub into the hands thoroughly at night. Wash with soft water and castile soap.

℞ Tr. benzoin comp.,	
Alcohol	āā ℥ss
Glycerin	℥j
Water	℥ij

M. Sig.—Apply to the hands after washing. The hands may be kept very white and soft by using once or twice a day.

℞ Lloyd's hydrastis,	
Dist. hamamelis,	
Aq. rosæ	āā ʒvj
Carbolic acid	gtt. vj
Glycerin	q.s. ad ℥iv

M. Sig.—Apply locally.

COMPOUND FOR CLEANING THE HANDS

℞ Egg albumen	8 parts
Boric acid	1 part
Glycerin	32 parts
Perfume to suit,	
Soft water	q.s. ad 50 parts

Dissolve the acid in sufficient water; mix the albumen in sufficient water, and pass through a silk strainer (handkerchief). Mix the two fluids and add the remaining water. After washing the hands in the usual manner, dry gently with towel, then moisten with the liquid and remove the excess without rubbing. Apply at night before retiring.

TO KEEP THE HANDS SMOOTH

Dissolve a spoonful of tragacanth in water. Let it stand under cover a number of hours, then add more water until it is of the consistency of thin jelly. Add a little glycerin and perfume.

FOR SOFT WHITE HANDS
(Especially for the doctor.)

℞ Glycerin,	
Bay rum	āā ℥ij
Oil of cajuputi	gtt. xx
Oil of rose	gtt. x

M. Sig.—To be used on the hands every night before going to bed; and in cold weather to be applied before going out into the open air. The hands being first washed and dried.

STEROLIN—MAGIC VARNISH OR LIQUID GLOVES

The *Chemiker-Zeitung* (1913) describes a liquid for disinfecting the hands, so that rubber gloves may be dispensed with.

℞ Acetic acid	grams 2
Castor oil	grams 2
Peru balsam	grams 3
Strongest alcohol	grams 93

Thoroughly wipe the hands and wrists with wads of absorbent cotton wet with the liquid, continuing about two minutes, and taking a fresh bit of cotton every time you wish to take up more of the liquid. After permitting the alcohol entirely to evaporate, go through the same performance. As soon as the hands have become completely dry the second time, operation may begin.

The claim is made that this sterolin not alone washes away the superficial germs, but penetrates into the skin pores and there glues them fast temporarily.

J. Wm. Trabert, M.D.
Lebanon, Pa.

DIFFERENTIAL DIAGNOSIS AND PROCEDURES ESSENTIAL

Editor Medical Summary.

A good general always sees that his troops are well cared for, adequately armed and provisioned, well disciplined and clothed and within the best sanitary environment. He also chooses its especial field where to best advantage he can combat the foe. The physician should take the same care with his patient, and although he may be called many times, to treat disease systematically and symptomatically, should use every means to differentiate one affection from another; is also to use every scientific appliance and means of determining the cause of the trouble by which his patient is menaced. Of course, there are many times when it becomes easy to make a diagnosis and when, too, it is not essential to use all the means at our command. How shall we proceed when in doubt, is the question. We should take a general survey of the field, as would a good general, and when we are called to the bedside observe closely the general appearance of the sufferer. Note his facial expressions, the condition of his pupils, hearing, reflexes, tongue. Does he breathe with difficulty or is the pulse irregular, noting what is revealed by palpation, auscultation and percussion of heart and lungs. The condition of the abdominal viscera and rectum and whether there is pain upon pressure, tympanitis or any abnormal deviation from health. Have an analysis made of the urine to discover as to whether there is sugar, albumin, bile, xanthin, granular casts or any abnormal deposit, and state whether there is any inflammation of bladder, urethra and prostate gland or stricture of the urethra. Let there also be made an analysis of the feces, not only that we may ascertain as to whether there is blood or undue waste products, but to detect the presence of the ova of tape worm, or whether there are amœbas, trichina, hook worm, or any other indications of disease structures or parasites.

Does there appear to be any gastric or intestinal indigestion? Are there symptoms of gall stones or renal calculi or evidences of appendicitis? In many cases it may be essential to know the state of the blood pressure, systolic, diastolic and pulse for by this knowledge we may ascertain the state of the circulation and condition of the heart and thus be able to ward off some serious result.

The temperature of the body should always be taken and to have an analysis of the blood made is a good procedure. Always be sure to make a thorough examination of the skin, noting color of same and any abnormal appearance and also try to discover whether there are any areas of anesthesia or hyperesthesia, or paralysis in any form.

If the patient is a female, endeavor to find out all irregularities of the reproductive organs, and in all cases make an examination of the uterus and appendages when advisable. It will be well to make a minute survey of the state of brain and cord and in fact, all structures which may be implicated by disease.

Having now taken a general view of our patient we are now in a position to make somewhat of a general differential diagnosis and can treat in an intelligent manner the various symptoms arising and in fact the disease itself.

No doubt many will say that all of these suggestions are superfluous, but the question arises, can an obscure case, where the diagnosis is difficult to perceive, be arrived at unless all these procedures are gone through; can we be in a position to turn over the case to the dentist, oculist, aurist, surgeon or anyone else unless we are aware as to the character of the disease?

As to remedies, the good physician should understand where drugs are needed, where osteopathy, hydropathy, electricity, etc., are required or surgical measures called for, or where the services of a psycho-therapeutist are necessary.

So many are the therapeutic indications, that one must be well versed in the Differential Diagnosis and Essential Procedures, if one desires to practice medicine in an intelligent and lucid manner at the present time.

J. G. Bulloch, M.D.

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Theoretically a good pancreatic extract should be very useful in diabetes. It is worthy of a trial. Do not forget that Bulgarian bacillus cultures are distinctly beneficial in this disease.

THE INCOMPATABILITY OF TEMPERAMENTS

Editor Medical Summary:

We have known the parties to a marriage, who conformed to the formula as given by Gall, Sperzim and Powel, the most practicable investigators of the human temperaments, and yet a great wrong was made by their marriage, *i. e.*, temperamental wrong. It is claimed that the two parties to a marriage, to insure healthy progeny, must be a blending of the vital and a non-vital of one party and a vital only of the other party. This combination insures mental and physical strength, but it does not result in character similar in every particular to both of the parental parties, *e g.*, it is claimed that where both parties to a marriage are highly endowed with destructiveness, some of their children, if not all, will be almost, if not entirely minus of that distinguishing part of their character, or if it be that both parties to a marriage are highly endowed with consecration to the Lord, some of their offspring will be minus of the love for Christ. It is known that occasionally a child is born of parents who are given wholly to the Devil and his ways, who in early life will exhibit indications of a life devoted entirely to Christ and His love. It is claimed that preacher's boys lead all the other youngsters in mischief, though good people would disclaim the correctness of such an accusation, yet an investigation will demonstrate the correctness of the claim, not, however, because preachers do not make the proper effort to train their children in the ways of the Lord.

I heard a preacher in his discourse on the rearing of children, put a whole lot of stress on Solomon's admonition to train a child in the way he should go, and in his adult life he will not depart from it. This is precisely right, but to train in ways that he should go does not insure his good ways after getting away from his trainers, as a good mother had discovered. She had trained her boy correctly not omitting any teaching or of inculcating any good habits, as he was made to say his prayers and abstain from all sinful ways and she thought she had omitted not anything that was needed to make the youngster a faithful, pure Christian, but after he was a "grown-up boy," he had slyly added dancing to her good teaching, but she did hope that the love of such recreation had been explained away. However, recently she discovered that to dancing and other wrongs he had added the Devil's password—lying! Her good training had been picked up by a cyclone and smashed, and she was afraid he was lost to any and all love for the Lord Jesus Christ! What is worse to be borne by a true Christian than to learn that some near and dear relative is hopelessly gone over to Satan and his ways. Both the mother and father of that young man were very highly endowed with the Love of Christ. They devoted their lives to His cause.

The preacher of whom mention was made above said that the parent should go back beyond childhood. The parents should begin their training by acting and thinking correctly before the child was born! The writer thought: "My brother, this is going back to a great extreme for your remedy for making Christians, but you must do better than that, *i. e.*, go back to the mating in marriage and even then we may not make Christians of all eugenics." Is not this consideration according to the Bible? See John, vi, in which it is claimed that no one can come to Christ—be saved—unless the Lord calls him. When does he make the call, in utero? No, but in the right mating of temperaments in marriage.

C. D. R. KIRK, M. D.
Shuqualak, Miss.

CONSERVATIVE MEDICINE

Editor Medical Summary:

We have the heroic "medicaster" among us even in this progressive era! One will still administer 5-grain doses of calomel, followed by a half teacupful of castor oil; ten to fifteen grains of quinine per day; tar derivatives to copious diaphoresis, loading the blood current with carbons to the limit of cyanosis. And all this without respect to physical strength or heart condition! It is a wonder that more don't die of heart failure.

I have been called in to cases with clammy skin and cyanosed condition, and I threw up the windows, and had patient inhale aromatic spirits of ammonia, till I could get in a hypodermic of strychniæ or trinition.

Like gas asphyxia, the oxygen of the air displaces the carbon very rapidly. During the World's Fair, at Chicago, myself and wife stopped at the Woodlawn Terrace Hotel, and early one morning the proprietor came to me and asked me to come to one of the rooms, as there was something wrong there. We forced the door open, and found an asphyxiated young man in the bed. He was nearly dead, and we hoisted the outside windows and held his head out to get air. After some time, he began to take in oxygen, and consciousness came. He attempted suicide, because his young wife had gone away with another man. Getting the cool, fresh air, displaced the carbon, and he revived.

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CHEMICO-VITAL EXHAUSTION THEORY —REPLY

Editor Medical Summary:

A few remarks in reference to the "Chemico-Vital Exhaustion Theory of Immunity" offered by Dr. J. G. B. Bulloch in the *Medical Summary* for November, 1915.

The theory of immunity does not claim the immortality of the phagocytes, but simply tends to emphasize the presence of an anti-body, immune body or amboceptor, the physical and chemical composition of which is not known.

One of the simplest arguments against the proposed theory of chemico-vital reaction is the injection of anti-diphtheric serum. Now, we know that by injecting anti-diphtheric serum we are not placing anything into the blood stream to eat up the "food" of the diphtheria bacillus, but simply throwing an anti-body or amboceptor which will unite with the toxin-complex of the diphtheria bacillus. So much for this kind of immunity, which is known as passive immunity.

In producing active immunity, we usually inject killed germs or their toxins, thereby stimulating the formation of anti-bodies for that particular germ.

This is pretty well illustrated in the production of anti-diphtheritic serum from the horse.

In citing the two examples we prove conclusively that it isn't the "nourishment" in the blood that has to do with inhibiting disease-producing organisms, but the presence or the absence of an anti-body or alexin which destroys or neutralizes the toxin-complex.

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REGARDING MATERNAL IMPRESSIONS

Editor Medical Summary:

Whether or not this eternal question will ever be thrashed out to the satisfaction of the medical fraternity is somewhat doubtful, and especially in view of the occasional articles written upon the matter such as Dr. R. A. Black's article in the January *Summary.*

Just why scientific men like Dr. Black will adhere to the idea that these "Maternal Impressions" are a myth is one of the great mysteries to me, since such maternal markings are so frequent in evidence. While it is true there has never been discovered any direct—or for that matter, indirect—nervous connection between the mother and her infant in-utero, it is nevertheless a fact that many instances of maternal marking to the offspring have occurred; and, further, these markings have been predicted by the mother.

Here is a case for Dr. Black to think about, which came under my observation about ten years ago and can be amply verified. My grocer had a fine setter bitch, with pup which were to be born soon. Now this bitch got in the way of a street-car and had the toes of the left fore-foot run over and the grocer took the dog to a veterinary surgeon and had a very nice surgical operation performed on the foot, under chlorofrom anesthesia. The dog made a good recovery, and as near as I can remember, the pups came about one month after the operation. There were four pups—two females and two males. Both of the females were marked by having their left front foot minus the toes and closely resembling the mother's foot which was operated upon. About one and a half years after this, one of these female dogs brought a litter of pups and one of its female pups had its left front foot marked just like its grandmother's foot which was operated upon.

Now, what I want to find out is this: Was this a case of maternal impression or not? If not, how is it possible to account for this left foot markings in the daughter and granddaughter otherwise? I contend that this was a clear case of maternal impression on the offspring, and if this could take place in a brute whose intelligence is far below that of the human mother, how is maternal impressions to be sanely denied?

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New Books

All Books reviewed in this department, will be sent postpaid by the publisher of the Summary upon receipt of the price quoted.

A GUIDE TO GYNECOLOGY IN GENERAL PRACTICE. By Comyns Berkeley, M.A., M.D., F.R.C.P.; and Victor Bonney, M.S., M.D., B.Sc., F.R.C.S., M.R.C.P. Oxford University Press, American Branch, 35 West 32d St., New York. 1915. Price, $6.50.

This is a large volume, printed on heavy coated paper, containing nearly 500 pages, with numerous illustrations in the text. It is a book intended for the practitioner, to help him cope with the many problems he may meet or the difficulties in diagnosis that he may encounter. The authors have employed an extensive system of cross-references, to which the reader's attention is especially directed. The subject matter of this admirable work is arranged in a natural sequence. Part I, Methods of Examination of Patient, Parts II and III are given up to the Consideration of the Significance of Symptoms and the Interpretation of Physical Signs, and in Part IV, the Methods of Treatment of the various disorders are described. No details of operative technique are presented in this work, those who are accustomed to operate are referred to other works devoted to gynecological surgery; finally Part V presents the Medico-legal Aspect of Gynecology, which is, of course, in accordance with the English laws.

SPEAKING OF OPERATIONS. By Irvin S. Cobb. George H. Doran Co., Publishers, 38 West 32d St., New York. 1915. Price, fifty cents, net.

While this little book is not, strictly speaking, a medical work, although it is "Speaking of Operations," it was written by a layman who apparently has had the experience of having had an operation done and speaks of it in a humorous vein. It is written in such a manner that even a doctor will enjoy reading it, and when once it is started he will not stop until the story is finished. The author certainly has the knack of putting the funny side of the practice before his readers, no matter on what subject he may be writing.

THEORY AND PRACTICE OF BLOODLETTING. By Heinrich Stern, M.D., LL. D. Rebman Co., New York, Publishers. 1915. Price, $2.50.

There was a time—but that was many years ago—when bloodletting was the first thing thought of by practitioners of that day. Almost every patient was bled; but that was going to extremes in one way, and since then we have gone to extremes in the other direction; although it was different then, people at that time lived out of doors most of the time, the country was sparsely settled, and they were as a rule full-blooded. Therefore, if bloodletting was at all called for it would have been called for then more frequently than now. However, we believe that even in our day there are cases, especially of pneumonia, that would be benefitted by bloodletting. No comprehensible book on bloodletting has appeared for many years, to our knowledge, but much has been published on various special points connected with the subject. The author of this book says that bloodletting may, under certain conditions, serve as a prophylactic of no mean value.

HOSPITALS AND THE LAW. By Edwin Valentine Mitchell, LL.B. Rebman Co., Publishers, 141, 143 and 145 West 36th St., New York. 1915. Price, $1.75.

The author states that his motive in the compilation of this monograph has been to supply a short analysis of the general law relating to health institutions, and to make it readily comprehensible to those who are professionally or otherwise interested in such establishments. Its contents are presented under the following heads: 1. Preliminary Considerations; 2. Rights and Responsibilities; 3. Officials and Attendants; 4. Administration and Regulation; 5. Foundation and Organization; 6. Remuneration and Support; 7. Military and Naval Hospitals; Table of Cases Cited and General Index.

DISEASES OF THE SKIN. By Henry H. Hazen, A.B., M.D., Professor of Dermatology in the Medical Department of Georgetown University; Professor of Dermatology in the Medical Department of Howard University; Sometime Assistant in Dermatology in the Johns Hopkins University, etc. Two hundred and thirty-three illustrations, including four color plates. C. V. Mosby Co., Publishers, St. Louis, Mo. 1915. Price, $4.00.

The C. V. Mosby Company, the rising medical book publishing house of the Middle West, is bringing out some very excellent medical books; one of the latest is "Diseases of the Skin," by Hazen. This book presents the subject of skin diseases just about right, as it gives what the general practitioner most desires—not too much and not too little, and what it does give is right to the point. The book describes fully the common diseases, omitting the very rare ones; and the author has especially emphasized skin diseases in the black race. This is an up-to-date book, right up-to-the-minute, and one that you will not regret having added to your library.

THE OBSTETRICAL QUIZ FOR NURSES. By Hilda E. Carlson. Rebman Co., 141, 143 and 145 West 36th St., New York. Price, $1.50.

This is a complete and comprehensible monograph to aid the pupil and the graduate nurse in the essentials, science and art of obstetrics. The text matter is presented in the form of questions, printed in black letter and the answers following, making the questions distinctive and easy for reference. The contents of the book are divided into twenty chapters, starting out with the Anatomy and Physiology of the Reproductive System and concluding with a well-arranged Index. The author states in her preface that this book has been specially compiled and classified to cover briefly the entire subject of pregnancy, labor, puerperium, complications, treatment in emergency and the general care of the patient; care, treatment and feeding of the normal and premature infant. Chapters on dietary and antiseptic solutions required by the obstetrical nurse are also included.

DISEASES OF THE THROAT, NOSE AND EAR. By William H. Kelson, M.D., B.S., F.R.C.S. Oxford University Press, American Branch, 35 West 32d St., New York. 1915. Price, $3.00.

Here is a small, handsomely printed volume, consisting of 270 pages, with half a dozen colored plates, and eighty-nine excellent illustrations in the text. These illustrations aid greatly in the study of the text matter. The first eight pages of this book are devoted to illustrations of instruments to be used in diseases of the throat, nose and ear. The next eighty-six pages are given to the diseases of the throat, then seventy-nine pages on the diseases of the nose, seventy pages treating the diseases of the ear, and the Appendix, which consists of fourteen pages. We know of no small volume that gives so much in so little space. This is just what the general practitioner wants to know about the diseases treated, and that minus the chaff; in fact, it presents the kernel in a nut-shell, as it were. In fact, this book is a concise and thoroughly practical one—one that no practicing physician can go amiss on by carefully studying from cover to cover.

LABORATORY METHODS. By B. G. R. Williams, M.D., and E. G. C. Williams, M.D., with an introduction by Victor C. Vaughan, M.D., LL.D. C. V. Mosby Co., Publishers, St. Louis, Mo. Price, $2.50.

We are pleased to note that the prediction made by us in the review of the first edition of this work—that it would become a popular book—has come true. It has been found necessary to issue a third edition, and it is only a few years since the first edition made its appearance. The authors state in their preface to the third edition that since the physician may have experienced some discouragement in attempts to conduct certain examinations, but has probably been confused by the complexity of the large books and thwarted by the paucity of the compends, it is not presumed that the practitioner shall attempt every investigation, but this book will show that many of the comparatively simple cases that are usually sent to distant cities for expert examination may be made with more satisfactory results by the practitioner.

INFANT HEALTH: A MANUAL FOR DISTRICT VISITORS, NURSES AND MOTHERS. By J. S. C. MacMillan, C.M.B., A.R. San. I., Lecturer (First Class Diploma), Sick Nursing and Popular Health, Edinburgh, etc., etc. Published by The Oxford University Press, American Branch, 35 West 32d Street, New York. 1915. Price, 75 cents.

This little manual is full of sound logic and common sense, and should be most helpful to district visitors, and nurses, and in the hands of intelligent mothers it should prove of value also. The authoress is a woman of experience, and she has found the happy mean between a technical treatise and a popular handbook.

MEDICAL LECTURES AND APHORISMS. By Samuel Gee, M.D. With recollections by J. Wickham Legg. Oxford University Press, American Branch, 35 West 32d St., New York. 1915. Price, $2.00.

This volume of 408 pages is divided into fifteen chapters; Lectures and Aphorisms, the Clinical Aphorisms present many practical points. In fact, the book is interesting throughout, and gives many facts not likely to be found in any other single volume.

INSTINCT AND INTELLIGENCE. By N. C. MacNamara, F.R.C.S. Oxford University Press, American Branch, 35 West 32d St., New York. 1915. Price, $2.00.

In this monograph the author has attempted to present an outline of the evidence, and the reason upon which we rely to prove that the instinctive behavior of human beings depends on work performed by definite parts of the brain.

INJURIES OF THE EYES, NOSE, THROAT AND EARS. By A.M. Ramsay, M.D., F.R.F.P.S.; J. D. Grant, M.D., F.R.C.S.; H. L. Whale, M.D., F.R.C.S.; and C. E. West, F.R.C.S. Oxford University Press, American Branch, 35 West 32d St., New York. 1915. Price, $1.00.

This is another little volume belonging to the series of Oxford War Primers.

WOUNDS OF THE THORAX IN WAR, by J. Keogh Murphy; price $1.00.

In this book, the author gives his own personal experience, as well as those with whom he has come in contact.

ABDOMINAL INJURIES, by Rutherford Morrison and W. G. Richardson; price $1.00.

A short account of abdominal injuries, to aid medical men, who may be called in during the present European War, to act in emergency, and whose knowledge of abdominal surgery may have grown more or less rusty.

NERVE INJURIES AND SHOCK, by Wilfred Harris; price $1.25.

In this, the author has endeavored to give, as briefly as possible, the important features of the various forms of nervous injury met with, and the proper treatment.

SURGERY OF THE HEAD, by L. Bathe Rawling; price $1.25.

This book is divided into eight chapters; Clinical Applied Anatomy; Injuries of the Scalp, Skull, and Brain; Fractures of the Vault. Concussion, Compression, and Irritation of the Brain. Treatment; Intracranial Hemorrhages; Fractures of the Base of the Skull; Infections of the Brain and Meninges; Wounds of Special Regions—Mastoid, Orbit, Jaws; Cranio-cerebral Topography, and Technique of Operations on the Skull and Brain.

BACTERIOLOGY FOR NURSES. By Harry W. Carey, A.B., M.D. F. A. Davis Co., Publishers, 1914–16 Cherry St., Philadelphia, Pa. 1915. Price, $1.00, net.

A knowledge of the principles of bacteriology is necessary for a nurse but, the author of this little work on the subject says, it is a difficult matter to decide just how much of the subject to attempt to teach. However, in our opinion, Dr. Carey gives just about enough of the subject, not too much or too little of what every nurse should know. It certainly is a most excellent little book for the nurse to read and carefully study, as we are quite sure the majority are not any too well posted.

Summary Gleanings

Don't put up pepsin in an alcoholic solution. Whatever pepsin does or does not do, it is slowly destroyed by alcohol even in small quantity.

Recent experimental observations seem to have proved that not only is alcohol not an antidote to carbolic acid taken internally, but that it is actually injurious when so used.

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The N. P. issue a pamphlet on Trout Flies, part by our old friend Dr. Moody, that is enough to make a man get out with a billy and raise on the highway the means of taking a vacation in the mountains of the Idaho Panhandle. Don't send for it—it will spoil your rest.

One of the greatest tests of backbone comes when the doctor deems it best that the patient should lose what exercise he may have.—*J. S. Ford, Public Health.*

Fuld says women should put on their stockings while lying flat on the back on the floor, to put the spine in proper shape.—*Public Health.*

Emetine is now being used quite extensively in treatment of typhoid fever. It is asserted by Frazier and others that ½ grain daily, hypodermically, will cure the disease in six days or less.

Charcoal (animal) is now being highly recommended by the Germans for intestinal poisoning of all kind, including ptomaine poisoning and gastroenteritis from a variety of causes.

Are you familiar with Fischer's method of treating nephritis? It consists in alkalinization, plus sodium chloride, and removal of intestinal causes, on the assumption that there is excessive acid in the circulation, causing swelling and degeneration of the kidney cells. —*Med. Standard.*

Compound tincture of benzoin, says the *American Journal of Surgery,* forms a protective film on moist surfaces and mucous membrane, just as collodion does on the skin. It should be tried on anal fissures and ought to be useful for "cold sores" and other oral wounds.

It would seem an interesting question whether it would not be wise to incorporate a section in future works on therapeutics for the science of metallurgy.—*R. H. McNair, Southern Clinic.*

Breakfast should be the best and most important meal of the day. There is no better evidence of health than a good appetite upon arising.—*A. H. Doty, Public Health.*

When diphtheria is not prevalent, about 1 per cent. of the people carry its germs; and when it is present in the community the percentage rises to about 50 per cent.—*W. H. Smith, Public Health.*

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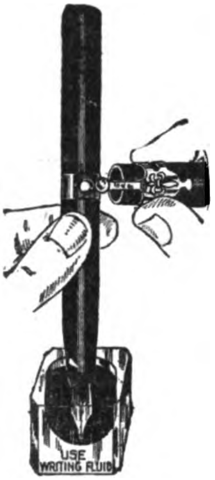

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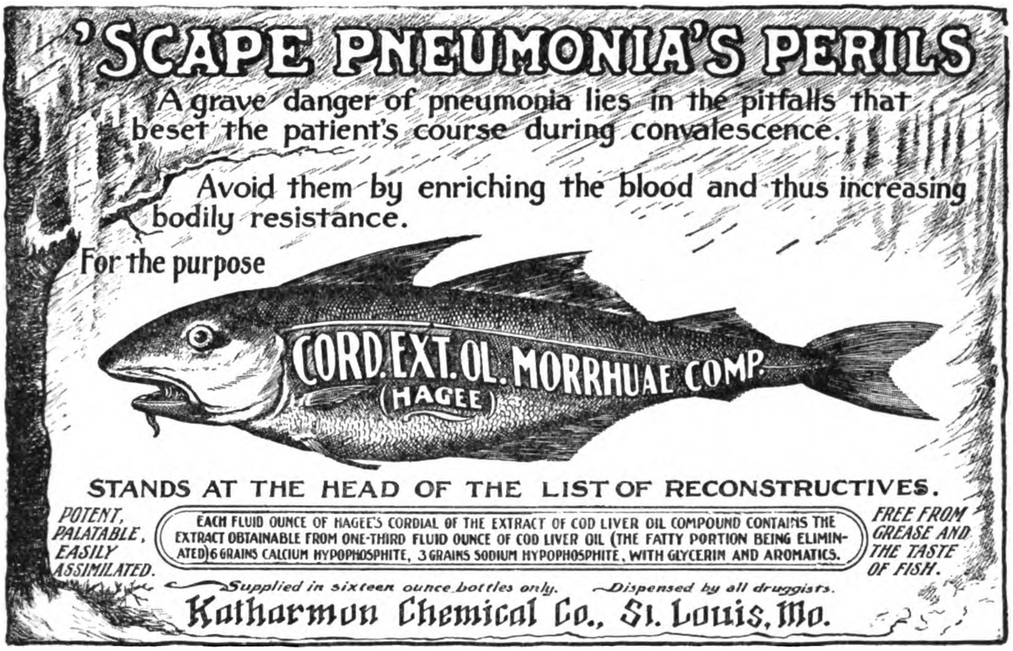

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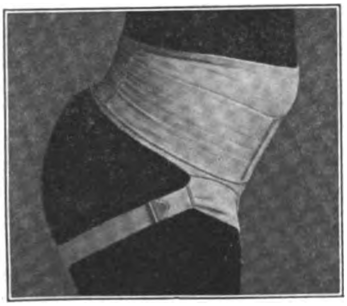


THE STORM BINDER AND ABDOMINAL SUPPORTER PATENTED

For Men, Women, Children and Babies

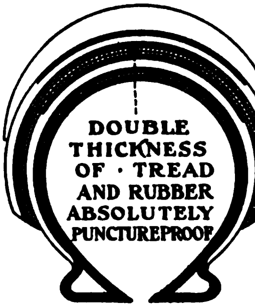
Hernia, Relaxed Sacro-iliac Articulations, Floating Kidney, High and Low Operations, Ptosis, Pregnancy, Obesity, Pertussis, Etc.

Send for new folder and testimonials of Physicians. General mail orders filled at Philadelphia only—within twenty-four hours.

KATHERINE L. STORM, M. D.
1541 Diamond Street Philadelphia

DOUBLE SERVICE
Automobile Tires

Guaranteed 7000 Miles Service
ABSOLUTELY PUNCTUREPROOF



Double Service Tires are double the thickness of the best standard make tires.

This 100 per cent. greater wearing surface naturally gives that much more mileage and service. The average of twelve miles of tough fabric and one inch surface tread rubber makes these tires **absolutely punctureproof.**

These tires excel all others for use in the country over rough and rugged roads as well as on hard pavements. They are as easy riding and resilient as any other pneumatic tire—the air space and pressure being the same.

They are the most economical and "care free" tires made and are used where tires must be depended on and tire troubles cannot be tolerated. Many **Double Service** style tires are in use in the United States government and European War service.

Our output is limited to a certain amount, but for a short time we offer the following reduced special prices as an **Introductory Offer.**

	Tires	Extra Heavy Tubes
28 x 3"	$ 7.25	$2.20
30 x 3"	8.60	2.30
30 x 3½"	10.85	3.10
31 x 3½"	11.40	3.15
32 x 3½"	12.75	3.20
34 x 3½"	12.90	3.60
30 x 4"	13.50	3.70
31 x 4"	14.25	4.00
32 x 4"	14.90	4.10
33 x 4"	15.75	4.20
34 x 4"	16.70	4.35
35 x 4"	16.80	4.60
36 x 4"	17.45	4.65
37 x 4"	17.65	4.70
34 x 4½"	18.50	4.90
35 x 4½"	21.20	5.60
36 x 4½"	22.50	5.75
37 x 4½"	23.60	6.20
35 x 5"	24.40	6.35
36 x 5"	26.30	6.60
37 x 5"	26.30	6.60

All other sizes not included in above list also furnished. Non-skids at 10 per cent. additional.

Terms: Payment with order at above special prices, a 10 per cent. discount allowed on orders for two or more tires. All personal checks must be certified.

Try these tires and be convinced of their very high qualities.

Sold direct to the consumer only.

Dept. G 10.

DOUBLE SERVICE TIRE AND RUBBER COMPANY
Akron, Ohio

Glyco Thymoline

CATARRHAL CONDITIONS

NASAL, THROAT
INTESTINAL
STOMACH, RECTAL
AND UTERO-VAGINAL

KRESS & OWEN COMPANY,
361-363 Pearl St., New York.

The Hot Springs SPECIALIST

By two specialists, J. M. Byrd, M.D., and A. J. Whitworth, M.D. Giving in full the prescriptions and treatment used for many years by these two physicians and surgeons; the knowledge gained by experience in their life-time study and treatment of acute and chronic diseases. Publisher's price, $2.00; our price, $1.50, including a year's subscription to *The Medical Summary*, new or renewal. *Address*

The Medical Summary
2321 Park Ave., PHILA., PA.

PINE BLUFF INN at POINT PLEASANT, N. J.

YOU who are fagged, overworked, or feeling the "press of things," cannot do better than take brief respite from city sights and sounds by spending a few days—perhaps just a week-end—at Pine Bluff Inn, right in the thick of the Jersey Pines.

But the pines, with their wonderfully refreshing odors, are not all. There is Treasure Island, of Robert Louis Stevenson fame; the beautiful Manasquan River, with its gorgeous scenery, and the ocean just a mile away as the crow flies from the piazza of the Inn. And this, of course, means sea food and game that are unrivalled.

And the quiet restfulness of it all! Recuperate, if you wish, with naught more disturbing than your own thoughts; but if you need company of the truly congenial sort, that you will find, too. Golf, tennis, boating and other out-of-door sports are yours for the taking.

Our conveniences are unique. Hot water heating throughout, with huge open log grates in each room.

American Plan. Prices, $3.00 per day; with private bath, $4.00 and upward. Special weekly rates on rooms and suites.

Pine Bluff Inn is situated ten miles from Lakewood, within a stone's throw of the main ocean motorway between Atlantic City and New York. A la Carte service to motorists.

Frequent train service, via Pennsylvania and Central Railroad of New Jersey from New York.

Telephone, Point Pleasant 179 **E. H. CARLISLE, Prop.**

Also The Leighton, Point Pleasant

An attractive and confidential reduced rate plan for physicians and their patients

THE IMPROVED MULTIPLEX

"The Machine With a Velvet Touch"

DID YOU EVER REALIZE HOW MUCH YOUR LETTERS REPRESENT YOU? YOU WOULD NOT MAKE A CALL SHABBILY DRESSED, BUT YOU DO SEND BADLY HANDWRITTEN OR BADLY TYPED LETTERS.

THE *MULTIPLEX* HAS *interchangeable type,* HENCE YOU MAY BE WRITING IN ONE STYLE OF TYPE—OR LANGUAGE—AND BY A MERE *"Turn of a Knob"* CHANGE *instantly* TO ANOTHER.

OUR *Special Medical Keyboard* CONTAINS THE SIGNS AND CHARACTERS USED FOR WRITING PRESCRIPTIONS AND PHYSICIANS' CORRESPONDENCE.

SPECIAL PROPOSITION TO PHYSICIANS

Please send full description of the Multiplex to: M S
Name ....
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The Hammond Typewriter Co., 69th St. and East River
New York City

Philadelphia Branch, 208 South 11th Street, Philadelphia, Pa.

Silvol

The most remarkable organic silver compound available to physicians.

Powerful antiseptic, astringent and sedative.
Penetrates tissue and destroys bacteria.
Contains approximately 20 per cent. of silver.
Freely soluble in water.
Non-toxic; non-irritating.
Does not coagulate albumin.
Is not precipitated by proteids or alkalies.

For the treatment of all inflammations of mucous membranes

—notably, acute and chronic gonorrhea; diseases of eye, ear, nose, throat, etc.—in any condition, in fact, in which the use of a silver salt is indicated.

Silvol is used in solutions of 1 to 50 per cent.

Powder: Bottles of one ounce.
Capsules (6-grain): Bottles of 50.
Contents of two capsules make one-fourth ounce of a 10-per-cent. solution.

NOTE.—We also supply Silvol Ointment (5 per cent.), for application to regions where the use of an aqueous antiseptic solution is not feasible. Small and large collapsible tubes with elongated nozzle.

WRITE FOR LITERATURE ON SILVOL.

Home Offices and Laboratories,
Detroit, Michigan.

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The Arlington Sanatorium

DR. C. T. SCUDDER, Medical Director

EVERGREEN PLACE
and PALMER AVENUE
ARLINGTON, Baltimore
County, MARYLAND

TELEPHONE, ARLINGTON 175

A Sanatorium where the Shackles of **Drugs** and **Alcohol** are broken for all time, **in from 10 to 21 days, without Restraint or Suffering.**

THE ARLINGTON is a thoroughly modern Sanatorium, devoted to the treatment of *Drug, Alcohol, and Nervous cases;* and is conducted in a strictly ethical manner.

HOMELIKE SURROUNDINGS

The surroundings and interior of "The Arlington" are by no means indicative of a Sanatorium as the suggestion of such a word generally leads one to picture. Here all is quiet and peaceful with beautiful environments that are usually associated with modern homes of refinement. Wide lawns, shrubbery and flower beds are found on all sides.

WRITE FOR BOOKLET, "BREAKING THE SHACKLES"

TOXEMIA, CALCIUM STARVATION and ACIDOSIS or HYPOALKALINITY,

The causes of so many diseases, are the great problems of to-day

INTRAVENIN P.H.

REGISTERED IN U. S. PATENT OFFICE

gives positive results not obtainable by any oral administration. It increases the scope of the physician.

Write for further particulars.

INTRAVENIN PRODUCTS CO.
INCORPORATED

Sales Office:
476 Bourse Building :: :: Philadelphia, Pa.

Treatment of Rheumatism

SODIUM SALICYLATE is so positive in its action when a true acute rheumatism exists that a diagnosis can almost certainly be made early between it and other inflammatory infections. The cause of acute rheumatism is now known to be a streptococcus which is antagonized by this sodium salt. Billings says Sodium Salicylate should be used in large doses—60 to 120 grains per day—during the acute onset, and subsequently in smaller doses as an anodyne. To avoid the danger of possible cresylic acid poisoning, the natural product only should be used—specify Sod. Salicylate (Merrell).

ECHTISIA (Echinacea Comp.) should be employed to destroy the streptococci after the first seventy-two hours from onset. Echinacea has proven almost a specific in streptococcosis.

FERRO-SALICYLATA should be used during convalescence. It combines the salicylic, alkaline and iron treatment essential to recovery.

Brochure giving complete formulæ and further data sent upon request.

The Wm. S. Merrell Chemical Co.
CINCINNATI

CHRONIC COUGHS

are the bane of the physician. The recurrent winter cough is a therapeutic problem. If the prescription contains opiates or other habit-forming drugs, the danger to patient and restrictions of Harrison Act serve as deterrents. A heavy nauseating syrup soon cloys the palate.

CASTA-FLORA

(Castanea Compound)

is an efficient cough remedy obviating all of the above disagreeable features. It contains no habit-forming drugs, and has a palatable, pleasant vehicle. Can be taken with benefit by the most fastidious. Of value in whooping cough.

Brochure containing complete formula, indications and dosage, with adequate sample for clinical trial may be had upon request.

The Wm. S. Merrell Chemical Co.
CINCINNATI

Southern Medical Sanitarium

Pellagra and Nervous Diseases

Arlington Heights

P. O. BOX 484, FORT WORTH, TEXAS

C. C. PARRISH, M. D., in charge of Pellagra Cases
TRUMAN C. TERRELL, M. D., Bacteriologist
W. C. ROUNTREE, M. D., in charge of Nervous Cases

The Building is of cement block construction, hardwood floors throughout, with spacious halls and galleries. Including wards, 70 beds. There is a hot water heating system, and the Sanitarium is elegantly furnished. It would be impossible to originate a fire. The grounds compose more than seven acres. The Sanitarium is at all times under the supervision of a graduate nurse who has had special training in the care of these cases. The Management has had ten years' experience in hospital work, and fully realizes the needs of an institution of this size to insure the proper care and comfort of our patients.

Write for Booklet Today

Business Chances

WHAT DO YOU WANT?

Do you want anything you have not got?
Have you got anything you want to get rid of?

Rates for advertisements in this column are $1.00 for 30 words or less each insertion. Additional words, 3 cents each. No display advts. inserted.

A BUSINESS AID—For Doctors and Nurses. Complete 25c Sample Free to first 100, only. Sending Self-Addressed Stamped Envelope. L. B. 3. "Nss" Sales Co., Wennona, Ill.

ONE DOLLAR BILL, check or money order, brings postpaid my book, telling the story of how I built up a $5,000 office practice first year in a new place. Dr. E. G. Webster, Bible Grove, Ill., says: "Thank you for your book. I have been benefitted many times the price of it." Limited edition, cloth-bound; order now. Dr. C. E. Blanchard, Youngstown, Ohio.

PARTNER WANTED—I will sell half interest in my office business to the right man on easy terms. He must have Ohio license and be an all-around office man. Cash income has run from $5,000 to $7,500 during past seven years. Address for interview and particulars, Medical Summary, Philadelphia, Pa.

DOCTOR HAVE A HOBBY—Buy some of our Invader Pit Games. Courageous and beautiful. Excellent layers. Will make you a profit and an interesting diversion. Stock for sale. Place your order for eggs now. Box 347 Gary, Indiana.

INVESTMENT FOR DOCTORS ONLY—Put your surplus money in stock of the Jamun Co. Jamun Compound is a modern product strictly ethical for the treatment of Diabetes, full particulars from Jamun Co., 343-44 Loeb Arcade, Minneapolis, Minn.

WANTED—EVERY DOCTOR TO HAVE A COPY of "Innocence," the $1000 prize art picture. Just the thing for your den or office. Send $1.00 for a year's subscription and picture. Money back if not satisfied. Address "The Medical Herald," 618 Lathrop Bldg., Kansas City, Mo.

SALARIED APPOINTMENTS OBTAINED—One thousand medical and surgical positions already secured for our clients; medical practices, drug stores and real estate bought and sold in all sections; business established 35 years. Write immediately for terms to "The Medical Echo," Lynn, Mass.

MORPHINE AND ALL DRUG AND LIQUOR ADDICTIONS. Treat these cases at home privately yourself. No pain, no vomiting, no hypodermics, not dangerous; positive results. Enclose stamp for particulars. Chas. H. Quayle, M. D. No. 4 Park Place, Madison, Ohio

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DOCTOR—Our specialty is manufacturing for the medical trade standard cures for chronic cases of Neuralgia, Blood, and Venereal Diseases, Secondary Syphilis, Jaundice and Piles. Dr. Harris Remedy Co., South Bend, Ind.

PHYSICIAN'S DIRECTORY WANTED.—Either the A. M. A. or Polk's Latest Edition. State cash price and condition. Address Directory, care of Medical Summary, 2321 Park Avenue, Philadelphia, Pa.

FOR SALE—On account of death, 16-room house, 2 equipped offices in residential section; desirable location; population, 30,000; 35 minutes from Philadelphia; if not convenient to buy will rent offices; suitable for physician or dentist. Address, J. M. care of Medical Summary, 2321 Park Ave., Phila.

THERAPEUTIC HINTS

Palpitation of the Heart.—Cardiac palpitation and the whole train of subjective symptoms that often keep the heart sufferer in constant distress are not infrequently completely controlled by Cactina Pillets when everything else fails. Clinical experience has shown that Cactina is a persuasive tonic—not a therapeutic lash—and the skilled clinician appreciates the distinction. One to three pillets every three or four hours will support the heart and relieve the patient's trepidation.

It will be noted that in this issue Dr. Broughton's Sanitarium ad has been changed to Dr. Weirick's Sanitarium. This is not a material change, as the management remains the same and the business is being conducted along the same lines as heretofore. This is evidenced by the fact that for eight and one-half years Dr. Weirick has been connected with the institution —five as Assistant Superintendent and the balance as Superintendent. He now has associated with him Dr. W. H. Cunningham, who is a very capable man.

It is interesting to know that of the cases which have been treated here—that is, drug and liquor addictions—60 to 65 per cent. of the former keep well, and three out of four of the latter "make good."

Neurasthenia.—The group of nervous ills which make up the clinical picture of neurasthenia often call for the administration of the bromides. Too great care, however, cannot be used in selecting the preparation to be used, but the physician who employs Peacock's Bromides may rest assured that he is using not only a sedative—and anti-spasmodic—of maximum efficiency but one that is so pure and free from objectionable action, even when administered over long periods, that maximum benefits may confidently be expected. One or two teaspoonfuls in water every two, three or four hours as required, may be relied upon to accomplish the results desired.

The Nutrition of Pulmonary Tissues.—During the winter and spring months, the management of diseases of the bronchi and lungs is one of the most important functions of the physician. The treatment of acute infections must, of course, be largely symptomatic, but it is generally recognized that the best chance of securing results in chronic diseases of the bronchi and lungs is afforded by an agent that supplies nourishment to these tissues, and for such a purpose Cord. Ext. Ol. Morrhuae Comp. (Hagee) will give the utmost satisfaction. It contains the essential qualities of cod liver oil, but is free from its nauseous properties, for which reason it should be selected whenever cod liver oil is indicated.

Preserve your Summaries.—Doctor, if you consider your *Summaries* worth saving, use the Big Ben Binder. See our generous offer on another page. Look this up now while it is fresh in your mind.

The Seawright Magnesia Lithia Springs Co., of Staunton, Va., has something of interest to say to the profession in another column.

LISTERINE

A safe, non-poisonous, unirritating antiseptic solution

LISTERINE embodies a two-fold antiseptic effect, in that after the evaporation of its volatile constituents—thyme, eucalyptus, mentha, gaultheria and ethyl alcohol—a film of boracic and benzoic acids remains upon the surface to which Listerine has been applied, affording more prolonged antiseptic protection.

LISTERINE is a trustworthy surgical dressing; it has no injurious effect upon the tissues in which the healing process is going on.

LISTERINE in proper dilution is useful in the treatment of abnormal conditions of the mucosa and forms a suitable wash, gargle or douche in catarrhal conditions of the nose and throat.

LISTERINE in teaspoonful doses will often afford relief in fermentative dyspepsia and is largely prescribed, with excellent results, in the various forms of diarrhoea occurring in infants and adults.

LISTERINE literature, including special pamphlets upon *Disorders of Digestion* and *Respiratory Diseases*, may be had, by physicians, upon application to

LAMBERT PHARMACAL COMPANY

2101 Locust Street St. Louis, Mo.

TAUROCOL TABLETS

A Compound Containing the Bile Salts Sodium Glycocholate, Sodium Taurocholate with Cascara Sagrada and Phenolphthalien, for

Hepatic Insufficiency, Intestinal Putrefaction, Habitual Constipation and Gall Stones.

TAUROCOL Directly Stimulates the Liver Cells, Producing an Abundant Flow of Bile Rich in Cholates, Solvent of Cholesterin and a Biliary Antiseptic.

Physicians are invited to send for samples, formula and literature. Taurocol Tablets are obtainable from the leading druggists and through the wholesalers.

THE PAUL PLESSNER CO.

DETROIT, MICHIGAN

MORE THAN ONE THOUSAND PHYSICIANS

Use and Recommend

THE "ACOUSTICON"

AT the Boston Meeting of the International Otological Congress many of the members who were hard of hearing and could not follow the papers and discussions, listened to them through

THE "ACOUSTICON"

in a room devoted to its demonstration upstairs.

IF YOU HAVE DEAF PATIENTS WE WILL SEND YOU AN "ACOUSTICON" FREE OF ALL COST TO YOU

Many of the leading physicians send their patients to our offices to be fitted.

GENERAL ACOUSTIC CO.

220 W. 42nd St., New York City

1008 Commonwealth Bldg., Phila., Pa.
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7 Southwark St. London, England
6 Rue de Hanovre Paris, France

Business Chances

STORK WEIGHING HAMMOCKS—Are about 17 inches long and will roll up to about one inch in diameter; very light in weight, so it will take up very little room in your obstetric bag. Send $1.50 and by return mail you will receive one and the "Medical Summary" for one year. Old or new subscribers can take advantage of this offer. Send at once; there are not many ready to send out at once. Address, "Medical Summary," 2321 Park Ave., Philadelphia.

FOR SALE—Make an offer for my 16 shares Big Five Mining Co.'s shares; must sell, need the cash. Address Mining, Medical Summary Office.

MEDICAL BOOK BARGAINS—We do not publish a catalogue, but if you will let us know what books you want, we will be pleased to quote prices, whether on one or one hundred books. Frequently we can get second-hand books almost like new, at a much reduced price. It will be our aim to please you, and on any order amounting to $2.00 with an additional 50 cents, we will give you credit for a year's subscription to "The Medical Summary." Address, "Medical Summary" 2321 Park Ave., Phila.

PATTERSON INSTITUTE—We cure the morphine habit. No sickness or suffering. We have a home cure for liquor based upon 19 years' experience in institute work that cures. Address, 416 Michigan St., Grand Rapids, Mich.

FOR SALE—An entirely new, never used, Kidder High Tension Battery, cost $50.00, will be sold at a bargain. For price, etc., address Battery, care of Medical Summary.

BACKWARD AND NERVOUS CHILDREN—A limited number of boys and girls will be taken at Fairview School. Enrollment at any time. Instruction and physical training suited to the peculiar needs of each pupil. Terms moderate. Laura V. Meredith, Upper Darby, Pa.

DOCTOR—Please be good enough to mention in your dealings with advertisers that you have seen their advertisement in *The Medical Summary*. This will help us and help the magazine.

Preserve Your
Medical Summary with a
BIG BEN BINDER
ONLY A FEW LEFT PRICE $1.00
Address MEDICAL SUMMARY
2321 Park Avenue, Philadelphia, Pa.

THERAPEUTIC HINTS

Automobile owners receive good news.—The greatest boon to the automobile owners has just been given them recently in the form of a tire constructed of double the thickness of such tires as Diamond, Goodyear, Firestone, and other standard makes. This added thickness in wearing surface makes the tires the best on the market today for real service, as they are punctureproof and withstand great wear and hard service. Notwithstanding the many added features of these tires they are being sold now as an introductory offer at a price about 40 per cent. lower than the regular price of standard tires. These tires bear a 7,000 mile guarantee, which is also double that of the regular made standard goods. These tires are being sold direct to the consumer by the **Double Service Tire and Rubber Co.**, of Akron, Ohio. See ad. on another page, this issue.

Campho-Phenique.—The standard antiseptic dressing (powder and liquid) has received the endorsement of eminent surgeons for the past twenty-five years.

Many clinical reports and letters from those who have used campho-phenique indicate that this preparation is one of the best antiseptic dressings that can be applied to suppurating wounds, abscesses, ulcers, chancroids, burns, etc. It is far more preferable than iodoform, as it is odorless, and possesses pronounced germicidal and healing properties. It destroys bacteria of all kinds, inhibits their growth and renders the field of operation sterile. In the treatment of wounded surfaces, whether accidental or surgical, campho-phenique should be employed, both as a prophylactic to prevent the growth and development of pathogenic bacteria and as an antiseptic dressing, where suppuration has already set in. Satisfactory results may be confidently expected when this dressing is used.

Samples and literature on request. Campho-Phenique Co., St. Louis, Mo.

How to Buy Electrical Equipment.—In the selection of electrical apparatus there is but one standard which should govern the choice, and that is the quality and quantity of the particular modality offered by the outfit, whether it be Sinusoidal, High Frequency, Vibration, Galvanic, etc. Many physicians are spending good money for little outfits which give a modality only 10 per cent. of standard efficiency. We will not mention any types as their name is legion. The line of Sinustats offered by the Ultima Physiological Appliance Co., 136 W. Lake St., Chicago, Ill., offer the genuine Sinusoidal modality, full efficiency, the same as the largest office outfits. The No. 1 Sinustat gives a true rapid sinusoidal current, full strength from any A. C. lamp socket. The No. 2 Sinustat gives galvanic current and rapid sinusoidal current, standard quality, from any D. C. lamp socket. The No. 3 Sinustat gives a genuine true slow sinusoidal current as well as the rapid sinusoidal current, and may be operated from any lamp socket on either A. C. or D. C.; on D. C. it also gives galvanic. The purchaser of a Sinustat is assured of standardization of results and can compare his technique with that of the highest authorities on these currents, being confident of similar results.

In view of the fact that these "cold" attacks (or grip, as it is improperly called) are showing a dangerous tendency to become pneumonic, we strongly urge a more extended employment of bacterin treatment. Occasionally Friedlander's bacillus is a complicating factor, especially in those suffering from chronic respiratory catarrhs; therefore, if the patient does not react promptly to the first dose of Pneumo-Bacterin, we suggest the conjoint employment in later injections of the Friedlander Bacterin (Abbott) and the Pneumo-Combined.

Every person exposed to the virulent type of cold should be immunized by an injection of Pneumo-Combined (Abbott). Literature will be sent on request to The Abbott Laboratories, Chicago.

Doctor, read the Business Chance column. Something advertised there may interest you.

DOCTOR: Some day you will use it—you'll like it—your patient will appreciate it—then you will always prescribe

Jamun Compound

IN DIABETES

This modern product is strictly ethical. Literature will be sent to any member of the medical profession on application.

JAMUN COMPANY 343-44 LOEB ARCADE
MINNEAPOLIS, MINN.

Sander & Sons' Eucalyptol

Whenever the true merit of a preparation is authoritatively established, imitation is sure to make its pernicious appearance. To counteract the injurious results of another of these fraudulent proceedings—in this instance affecting firm name and reputation—SANDER & SONS have been compelled to appeal to law, and in the action tried before the Supreme Court of Victoria, the testimony of a sworn witness revealed the fact that this witness suffered intense irritation from the application to an ulcer of the defendant's product, which was palmed off as "just as good" as SANDER'S EUCALYPTOL. SANDER & SONS had the satisfaction to obtain a verdict with costs against this imitator, who is perpetually restrained from continuing his malpractice.

Dr. Owen, in a report to the Medical Society of Victoria, and Dr. I. Benjamin, in the Lancet, London, both denounced, as others did before, on the strength of negative results, the application of unspecified eucalyptus products.

This forms convincing proof that only an authoritatively sanctioned article can be relied upon.

SANDER & SONS' EUCALYPTOL
(Eucalypti Extract)

1. Has stood the test of Government investigation.
2. It was proved at the Supreme Court of Victoria by experts to be an absolutely pure and scientifically standardized preparation.
3. It is honored by Royal patronage.
4. It always produces definite therapeutic results.

Therefore, to safeguard the physicians' interests and to protect their patients, we earnestly request to specify "SANDERS' EUCALYPTOL" when prescribing eucalyptus.

The Myer Bro. Drug Co., St. Louis, Mo., agents, will forward one original package (1 oz.) on receipt of One Dollar.

SANDER & SONS' BENDIGO AUSTRALIA

IN ENGLAND

the NORMYL remedy for the treatment of Alcoholism and Drug Habituation has been successfully and widely used for the past twelve years. The Normyl remedy carries the endorsement of the leading English physicians.

This remedy is now available to the physicians of the United States.

The ordinary case requires no detention from business and the treatment covers a period of but twenty-four days.

This association is *not* a commercial enterprise but aims to be a self sustaining *philanthropic* work.

Physicians are earnestly requested to send for literature and full information.

THE NORMYL ASSOCIATION
110 West 82nd Street New York

SAL HEPATICA

The Ideal
Saline
Eliminant
In
Rheumatic
Conditions

Bristol-Myers Co.
New York

Every Doctor should write for "Pointed Opinions from the Medical Profession" just off the press.

Also liberal free sample of

Duffy's Pure Malt Whiskey

sent prepaid for office practice, on request.

We commend to all members of the medical profession the careful reading of this booklet, with special consideration to the actual observation of results in practice.

THE DUFFY MALT WHISKEY CO.

Rochester, New York

THERAPEUTIC HINTS

A SIMPLE PRESCRIPTION TO CHASE AWAY GERMS OF GRIP.

Take equal parts of **Listerine, Hydrogen Peroxide, Water.**

Spray the nose and throat. Keep your system in good condition; observe the simple rules of hygiene, and do not trouble yourself about the presence of grip.

The above is a prominent physician's prescription for a throat wash recommended by Dr. Samuel G. Dixon, State Commissioner of Health. It is offered on the theory that an "ounce of prevention is worth a pound of cure." The use of this prescription is conducive to cleanliness, and while these ingredients will not kill the germs of pneumonia, it will go a long way in warding off the malady which just now is claiming so many victims. This remedy can be obtained at any drug store at a moderate cost.

Dr. Dixon, in his weekly health bulletin, says: "When compelled to submit to the evils of crowded civilization, during grip and pneumonia seasons, it is well to get your doctor to write a prescription for a good disinfection solution to rinse the mouth and throat with several times a day. It has been demonstrated that there are many pneumonia germs in the mouths of those suffering from the grip."

"The Chinese method is the best after all," said a Pittsburgh physician this morning. "In China, you know, they pay their doctors to keep them well. If people would see their family physicians now and then for an examination, there would be fewer cases of serious illness."—*Pittsburgh Chronicle-Telegram, Jan. 10, 1916.*

Reed & Carnrick.—This is one of the old and well-established houses which produce honest, dependable remedies. This Company specializes on a few remedies and they are of known therapeutic worth. Peptenzyme and Protonuclein are remedies for deranged nutrition, such as the general practitioner meets almost daily. Doctor, if you have never tested these remedies, write the Reed & Carnrick Company and they will send you samples and literature without cost to you.

Ergoapiol is a remedy that has had quite a vogue with the profession a long time. Its merit has been well attested. It corrects many uterine disorders. If you are not acquainted with this remedy, doctor, write today for samples and literature. Address Martin H. Smith Company, New York, and kindly mention that you saw the announcement in *Medical Summary.*

Intravenin P. H.—This is a new remedy designed for intravenous employment. It is produced by the Intravenin Products Co., Inc., 476 Bourse Building, Philadelphia, Pa. It is not a cure-all but is presented to the profession as an agency of precision in a few indicated conditions. Read what this company has to say on page xvi, then write for full particulars.

Doctor, read the advertisement of the Jamun Company, on page xxi; and write, without fail, asking them to send you their booklet, it will interest you.

LITERARY NOTES.

The February *Century Magazine* is called the Midwinter Fiction Number. The following is a partial list of its attractions: First, the cover is a very handsome design, checkerboard-fashioned around the border, and a picture in the center. The reading starts with a story, "Staking a Larkspur," by Anne Douglas Sedgwick, whose many works are well known, both in England and America. "What Every Man Should Know," Alice Duer Miller; "The World After the War," Hendrik Willem Van Loon; "The Pearl Necklace," Jan Van Der Meer; "America and Japan," Baron Eiichi Shibusawa; "Our Nation in the Building," Helen Nicolay. The *Century Magazine* has always stood at the head of the high-class magazines.

The *Mother's Magazine* is not devoted to the Mother's interest alone, but appeals to all members of the family, as the following partial list of the contents of the February number will show: "The Second Fiddle," by Eleanor H. Porter; "How About the Home Garden?" by J. Horace McFarland; "Story-telling in the Home," by Anna Mae Brady; "A Nebraska School Garden," by William Harper Dean; "Don't Housekeep—Homekeep!" by Mary A. Laselle; "The Child and His Money," by M. V. O'Shea; "A Shuffle of the Family Pegs," by Annie H. Donnell; "Woman's Influence on the World's Music," by Louis G. Elson.

The February *American Magazine* appears unusually interesting, a vertebral store-house filled with short sketches of human life that appeal to the reader who does not have the time or inclination for reading long spun-out stories. If you have not seen this number, better go to the nearest news-stand and get a copy.

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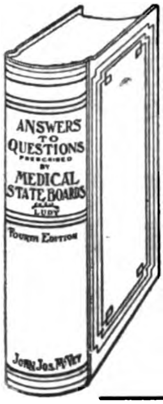

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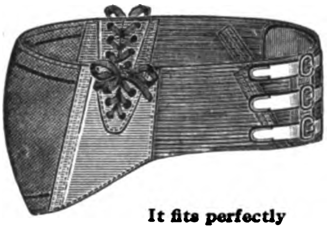

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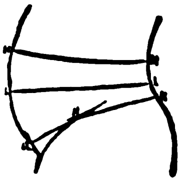

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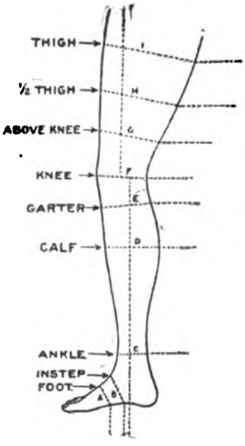

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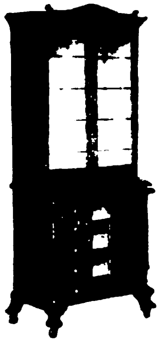

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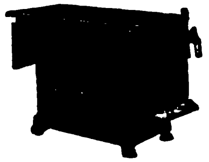

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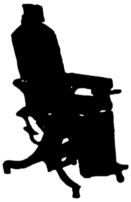

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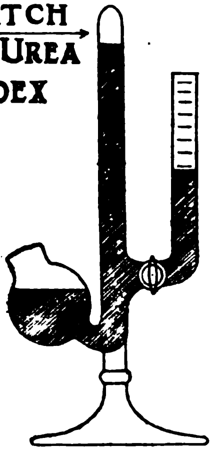

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